An Inventory of Canadian Programs for the Prevention of Falls Among Seniors Living in the Community

Prepared on behalf of
the Federal/Provincial/Territorial Committee
of Officials (Seniors) for the Ministers Responsible for Seniors

September 2001

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September 2001

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Government of British Columbia
Government of Alberta
Government of Saskatchewan
Government of Manitoba
Government of Ontario
Government of Québec
Government of New Brunswick
Government of Nova Scotia
Government of Prince Edward Island
Government of Newfoundland and Labrador
Government of the Northwest Territories
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FPT Inventory of Community-Based Falls Prevention Programs

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This inventory of Canadian programs for the prevention of falls and fall-related injuries among seniors living in the community was prepared for the officials of the federal, provincial and territorial Ministers Responsible for Seniors in response to the Ministers' request for a review of fall prevention programs and practices and to provide the evidence for effective approaches for reducing injury among seniors as well as efficient means of delivering prevention programs.

The document presented here addressed the first of these three objectives and consists of an overview and summary of 58 Canadian programs designed to prevent falls among seniors living in the community.

On behalf of this project, we would like to extend our appreciation to all of those who took the time to respond to the fall prevention inventory and to those who distributed copies of the Inventory Data Collection Form at meetings, conferences and through the electronic mail list serves of their organizations.

Thanks to Victoria Scott, R.N., Ph.D., Steven Dukeshire, Ph.D., Elaine M. Gallagher, R.N., Ph.D., and Andria Scanlan, Ph.D. for their preparation of this study.

I. INTRODUCTION

The personal, economic and societal costs of falls among seniors in Canada is enormous, yet, up to now, relatively little has been done to address this serious health threat. This lack of action exists in the context that one third of seniors fall each year (O'Loughlin, 1993) and approximately half of these falls result in minor injury, and up to 25 percent result in serious injury such as fractures or sprains (Alexander et al., 1992, Nevitt et al., 1991). Further, many seniors never fully recover from their injuries, leaving them with chronic pain, reduced functional abilities, curtailment of activities all of which may lead to future falls and a fear of falling again (Grisso et al., 1990, Nevitt et al., 1991, Tinetti et al., 1994). Such consequences often lead to reduced independence for seniors and all too frequently result in institutionalization, as evidenced by the fact that 40 percent of all nursing home admissions can be directly attributable to an elderly person having had a fall (Rawsly, 1998). Those not admitted to nursing homes may become more dependent on others, often creating an additional caregiving burden for the families of seniors injured by a fall.

Recognizing the large personal, societal, and economic impact of falls among seniors, the Federal/Provincial/Territorial Ministers Responsible for Seniors have taken a leadership role in forging a strategy to reduce this serious health threat. Their 1999 report entitled, "Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action," succinctly highlights the threat for seniors of injury due to falls and suggests steps to reduce this national problem.

In August 2000, the Federal/Provincial/Territorial Ministers Responsible for Seniors continued their work by commissioning a study with the goal of understanding both past and current initiatives to reduce falls among community-dwelling seniors and, based on the findings, to develop recommendations for future fall prevention programs. To accomplish this goal, the project was mandated to meet the following three objectives:

1) Develop a national inventory of all programs in Canada designed to reduce falls or fall-related injuries among community-dwelling seniors;
2) Conduct a literature review to assess the evidence of the effectiveness of interventions to reduce falls and fall-related injuries among community-dwelling seniors; and
3) Develop a Best Practices Guide for falls practitioners and policy makers around the development and implementation of programs designed to reduce falls or fall-related injuries among community-dwelling seniors.

The current document is the first of three documents resulting from this project. It presents the results from the compilation of a Canadian inventory of community-based fall prevention programs to better understand the scope and type of fall prevention activities already being offered to community-dwelling seniors in Canada.

II. METHODS

A. Overview

The first step in developing an F/P/T inventory of fall prevention programs was to implement a process to identify community-based fall prevention programs from across Canada and to collect information about these programs that could be summarized into this inventory. The process used to identify and collect information around existing community-based fall prevention programs in Canada is described below.

B. Criteria for a Fall Prevention Program to be Included in the F/P/T Inventory

To be included in this inventory of community-based fall prevention programs for seniors, the program had to meet all of the following criteria:

1) prevention of falls or fall-related injuries is one of the program goals
2) seniors (although not necessarily exclusively to seniors) target population
3) community-based (non-institutional)
4) Canadian-based

C. Inventory Data Collection Form

An Inventory Data Collection Form was developed for nation-wide distribution to learn about fall prevention programs directed toward community-dwelling seniors. The research team felt that to reach as geographically wide an audience as possible, to achieve a high response rate and to easily incorporate the collected information into the final document, the Inventory Data Collection Form had to meet the following design requirements:

1) completion and return by either electronic (e-mail) or non-electronic means (fax or regular mail)
2) format that is easy-to-follow and complete
3) short (one page) and quick completion (under ten minutes)
4) distribution in both English and French

Keeping the above requirements in mind, an initial draft of the Inventory Data Collection Form was developed by the research team and then piloted by 28 advisory members of an Adult Injury Prevention Network (AIMNet) in British Columbia. This process resulted in minor editorial changes. The final Inventory Data Collection Form (Appendix B) requested respondents to supply the following information about the fall prevention program with which they were involved:

1) name of the program
2) name, address, telephone number, e-mail of contact person(s)
3) name and address of organization offering the program
4) funding source(s) for the program

5) funding duration
6) scope of program (national, provincial, or local)
7) specific location(s) where the program was offered
8) target population ages
9) approximate number of people served per year
10) program goals
11) risk factors targeted
12) description of program (maximum150 words)
13) description of program evaluation (if available, maximum 150 words)

It was also requested that copies of the program and evaluation be sent to the researchers for their resource library, if such materials were available.

D. Distribution of the Inventory Data Collection Form

The main distribution method was through the electronic mail list serves of organizations that included in their membership practitioners, researchers or seniors who were interested in falls prevention. The Inventory Data Collection Form was distributed electronically through the list serves in late October and early November of 2000 in either French or English depending on the language of the list serve. The distribution included a short cover letter (Appendix A) explaining the goals of the project and requesting that anyone involved with a community-based fall prevention program for seniors complete the attached form. The Inventory Data Collection Form was attached to the e-mail in both Microsoft Word and WordPerfect formats. Respondents were asked to open the attachment, complete the information, and e-mail or fax the completed attachment back to the researchers. Respondents were also asked to distribute the form to anyone they knew involved in initiatives for the prevention of falls among seniors. The following list serves and distribution channels were used for the circulation of the Inventory Data Collection Form.

1. Alberta Centre for Injury Control and Research

The Alberta Centre for Injury Control and Research has the goal of reducing the frequency and optimizing the treatment and rehabilitation of injuries in Alberta by providing coordination and support for injury-control programming, research, information sharing, and education. The Centre provides support for agencies, practitioners, and other key stakeholders who do work related to injury prevention, emergency medical services, acute care and rehabilitation. A copy of the Inventory Data Collection Form was circulated to all members and partners of the Alberta Centre for Injury Control and Research through their electronic mail list serve.

2. British Columbia Injury Research and Prevention Unit

The British Columbia Injury Research and Prevention Unit (BCIRPU) has the goal of reducing injuries and their consequences through conducting and disseminating evidence-based injury research, establishing ongoing injury surveillance, facilitating and coordinating injury prevention efforts, providing information and support to injury prevention and control professionals, and distributing injury-prevention knowledge. Over

one hundred individuals and groups identified as participating in, or likely to be aware of community-based fall prevention programs for seniors, were contacted from the contact list of BCIRPU.

3. Canadian Association of Gerontology (CAG)

At the CAG conference in October 2000, a number of participants from across Canada with an interest in falls prevention among seniors offered to distribute the inventory document via their list serve connections to others who are providing services to seniors in their regions.

4. Community Health Promotion Network Atlantic

The Community Health Promotion Network Atlantic (CHPNA) provided access to a list serve serving the four Maritime Provinces. The goal of this organization is to provide information, support, and networking opportunities for individuals and organizations involved with and interested in health promotion.

5. Québec

Respondents from the public health network in charge of injury prevention participated.

6. SMARTRISK

SMARTRISK is a national, nonprofit organization dedicated to preventing injuries and saving lives by helping people see the risks in their everyday lives and showing them how to take those risks in the smartest way possible. Their list serve includes many practitioners and researchers throughout Canada interested in the prevention of falls.

7. Adult Injury Management Network (AIMNet)

Approximately 150 Inventory Data Collection Forms were distributed to members of the Adult Injury Management Network (AIMNet), a provincial injury prevention network based in British Columbia. Its core functions include; education/dissemination, community development, communications and investigation.

8. Distribution at National Conferences related to Injury Prevention and Seniors' Health:

Approximately 100 Inventory Data Collection Forms were distributed to participants at each of two national conferences: the Canadian Conference on Injury Prevention and Control (Kananaskis, Alberta on October 19-20, 2000) and the Canadian Association on Gerontology Annual Conference (Edmonton, Alberta on October 26-28, 2000).

9. Personal Contacts

Two of the researchers (Drs. Gallagher and Scott) have an extensive network of research and practice-based colleagues and contacts throughout Canada with an interest in the prevention of falls among seniors. Members of this network were contacted to determine their knowledge of existing community-based fall prevention programs and asked to distribute Inventory Data Collection Forms to anyone they knew who was associated with a community-based fall prevention program in Canada. In addition, in response to the initial low number (five) of programs submitted from the four Atlantic provinces, one of

the researchers (Dr. Dukeshire) made personal contacts with key persons in all four Atlantic provinces to determine whether programs had been missed through the other distribution methods.

E. Compiling and Summarizing Results

The information as provided by respondents to the Inventory Data Collection Form is summarized in tabular form in this report with only minor editorial changes to increase readability[1]. Tables 1, 2 and 3 present the characteristics and risk factors targeted for each program, providing a brief description of activities and evaluation.

It should be noted that some programs submitted for the *Inventory* were under development at the time of their submission. Because they had not yet been implemented, there is little information available at this time. However, these are included for future reference.

III. RESULTS

The Canadian inventory of falls and fall-related injury prevention programs is presented in Tables 1-3 with information presented from each province and territory by region (Western Canada, Central and Northern Canada, and Atlantic Canada). This format was used to facilitate practitioners and researchers in locating programs of interest by region. Under each region, the programs are listed in alphabetical order by each province or territory. The following is an overview of the results of the *Inventory*.

A. Program Characteristics

Responses to the Inventory Data Collection Form were received from the operators of 58 programs across Canada with 22 responses from Western Canadian provinces, 31 from Central Canadian provinces and 5 from Atlantic Canada. There were no programs submitted from northern provinces or territories.

As shown in Tables 1a, 1b and 1c, information on funding for the programs indicated multi-sourcing, with the Regional Health Authorities as the most frequently mentioned source. Others were sponsored with municipal funding through fire and rescue departments or municipal councils, some through community groups, and some through national bodies such as the Red Cross, Health Canada, or Veterans Affairs Canada. Others were funded through special grants, such those issuing from the International Year of the Older Person. Some program respondents did not report their funding duration. Of

[1] Only information provided by respondents to the *Inventory* was used in describing and interpreting the results. Therefore, it is emphasized that the information concerning the programs included in this report *has not been verified for accuracy* by the authors of this report. If further information about a program is desired, please contact the designated contact person for the program.

those who did, there were 9 reports of long-term or on-going funding. However, the majority reported a limited funding term of 2 years or less.

Target populations were mainly persons over the ages of 55, 60 or 65 years (see Tables 1a, 1b and 1c). Some programs stated that all seniors or elderly people were targeted; others specified only frail or inactive seniors, and several targeted only seniors who were living independently. Three programs included interventions that included caregivers and one program was for caregivers of housebound seniors. There was only one program that mentioned that their target population included health professionals and service providers. The number of people served varied widely from 13 to 135,000.

The goal of most programs was to provide education and information for seniors on the risk factors associated with falls. Many programs set targets for reducing the incidence of falls and fall-related injuries in their regions and most stated specific strategies for reaching those goals. The most frequently mentioned strategy was to promote physical activity, improving balance and muscle strength. Some programs included innovative strategies such as snow shoveling by volunteers and the wearing of padded hip protectors by seniors to reduce hip fractures due to a fall.

English was the most common language of the reported programs; however 10 were offered in French, 4 in Chinese and 3 offered in other languages, including Italian and Vietnamese.

B. Targeted Risk Factors for Falls and Fall-related Injury

The risk factors targeted by the fall prevention programs were categorized as biological, behavioural, environmental, and/or socio-economic. These categories are based on the health determinants model, so as to reflect the multitude of influences that impact the health and safety of seniors right from early childhood and might increase the risk of falling in later life. There is an emphasis on risks that are amenable to change and the categories reflect the importance of environmental risk factors such as those that are influenced by codes and standards for buildings and regulations for the manufacturing of safety devices and mobility equipment. While the separations between these categories are arbitrary -- as most fall-related injuries result from the overlapping and compounding effects of multiple factors -- the four categories are useful to understand the contribution of like-clusters of factors and to identify target areas for risk reduction.

1. Biological Risk Factors

Biological factors include those pertaining to the human body and are related to the natural aging process as well as the effects of acute and chronic health conditions (such as the effects of a stroke, Parkinson's disease, arthritis, or osteoporosis). Examples of biological factors include chronic illness, physical disability, cognitive impairment, gait disorder, poor vision, diminished proprioception, dizziness, postural hypotension, sensory changes, and physical changes due to a previous fall or frequent falling. Many of these

factors are associated with advanced age and some, such as osteoporosis, are more common among women.

2. Behavioural Risk Factors

Behavioural risk factors include those concerning human actions, emotions or choices. Examples of behavioural factors include taking high risk medications, taking multiple medications, lack of exercise, poor diet, inappropriate footwear, lack of assistive devices, inappropriate use of mobility aids, and not using injury protective devices. For some older adults, choices are made due to lack of awareness of the fall risks involved. For others the issue is risk-taking behaviours, when actions are taken despite the known risk. Examples include climbing unsteady ladders or walking without a mobility aid when one is required. Also included under behavioural factors are reactions to previous falls, such as fear of falling, which may lead to inactivity that puts a person at increased risk of future falls.

3. Environmental Risk Factors

Environmental risk factors, those that involve an individual's surroundings, include home hazards, community hazards, poor building design, inadequate building maintenance, unenforced codes or safety regulations, unsafe stair design, poor lighting/sharp contrasts, slippery or uneven surfaces, obstacles, and a lack of handrails, curb ramps, rest areas, lighting, or grab bars.

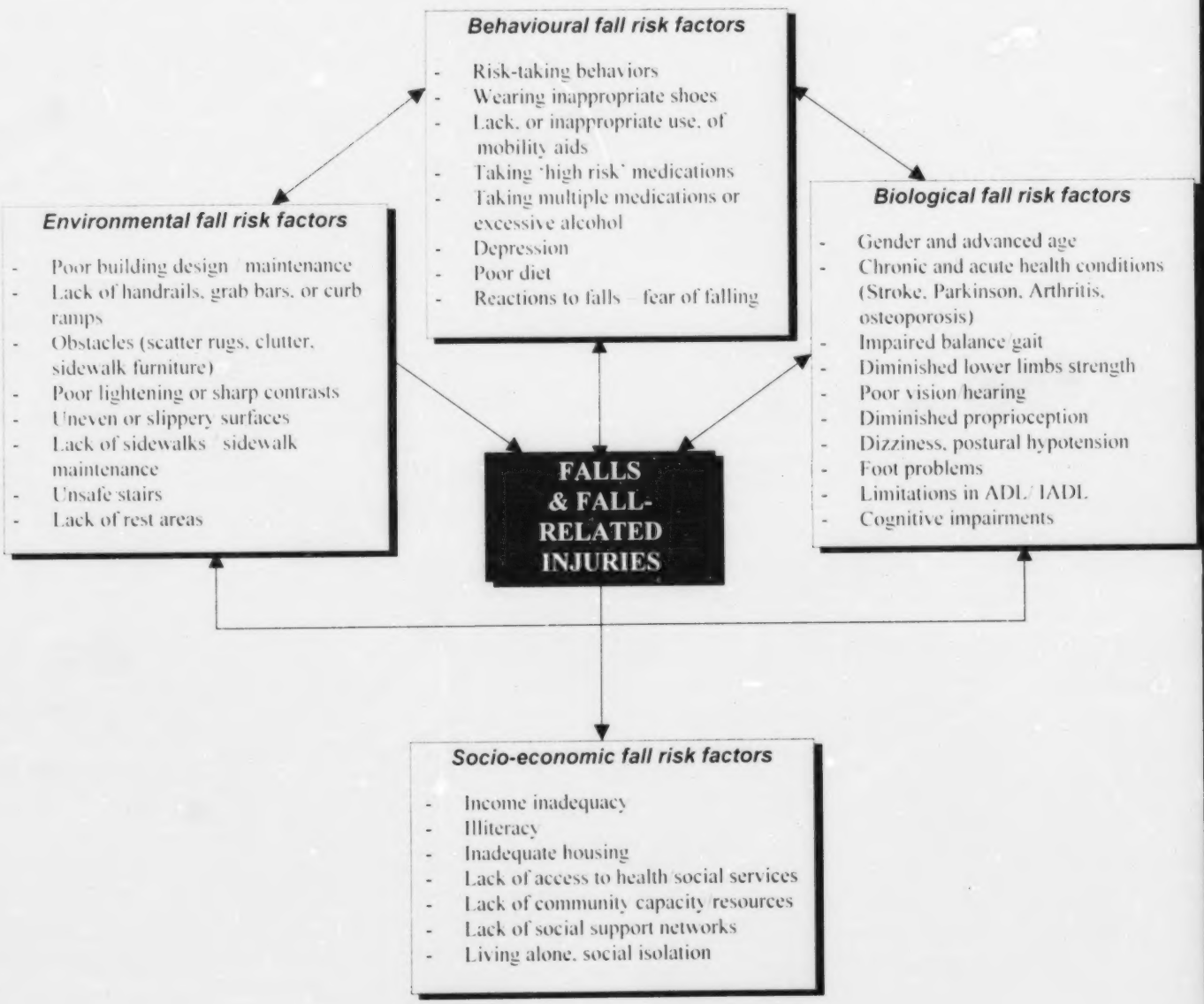
4. Socio-Economic Risk Factors

Socio-economic risk factors are those concerning the influence and interaction of social conditions and economic status of individuals at risk and the community capacity to respond to the problem. Examples include low income, low education levels, unemployment, inadequate housing, lack of support networks, social isolation, and a lack of access to appropriate health or social services. The role of these factors is poorly understood as they are often only indirectly linked to being at risk of falling. An example is the inability to benefit from printed resources on strategies for preventing falls due to illiteracy, or muscle weakness due to a lack of funds for a nutritional diet.

Figure I illustrates these factors and suggests the interconnection between the contribution of these factors to falls and fall-related injuries. The arrows indicate the direction of relationship between the factors.

Figure I

Fall and Fall-related Risk Model


Behavioural fall risk factors
- Risk-taking behaviors
- Wearing inappropriate shoes
- Lack, or inappropriate use, of mobility aids
- Taking 'high risk' medications
- Taking multiple medications or excessive alcohol
- Depression
- Poor diet
- Reactions to falls – fear of falling
Environmental fall risk factors
- Poor building design / maintenance
- Lack of handrails, grab bars, or curb ramps
- Obstacles (scatter rugs, clutter, sidewalk furniture)
- Poor lightening or sharp contrasts
- Uneven or slippery surfaces
- Lack of sidewalks / sidewalk maintenance
- Unsafe stairs
- Lack of rest areas
Biological fall risk factors
- Gender and advanced age
- Chronic and acute health conditions (Stroke, Parkinson, Arthritis, osteoporosis)
- Impaired balance/gait
- Diminished lower limbs strength
- Poor vision/hearing
- Diminished proprioception
- Dizziness, postural hypotension
- Foot problems
- Limitations in ADL/ IADL
- Cognitive impairments
FALLS & FALL-RELATED INJURIES
Socio-economic fall risk factors
- Income inadequacy
- Illiteracy
- Inadequate housing
- Lack of access to health/social services
- Lack of community capacity/resources
- Lack of social support networks
- Living alone, social isolation

An initial examination of the risk factors targeted by the programs revealed that some respondents interpreted this question differently from what had been intended. We intended this question to identify targeted risk factors associated with falling and fall-related injuries. However, some respondents only listed "falls" as a risk factor, perhaps because they viewed falls as covering all risk factors for injury. Further, a number of respondents did not answer this question or provided little information. Therefore, to supplement this with more complete information, additional targeted risk factors that were identified in the program descriptions were extracted and added to the risk factors column in Tables 2a, 2b, and 2c.

Tables 2a, 2b, and 2c present a list of the risk factors targeted by each program as well as matching each risk factor with one of the four categories. As can be seen from these tables, most programs adopted a multi-risk factor reduction strategy to reduce falls and therefore targeted two or more categories. Behavioural risk factors were the most frequently addressed, followed closely by biological and environmental risk factors. No programs specifically targeted socio-economic risk factors.

C. Intervention Approaches

The falls programs for the current review were categorized according to four types of approaches that predominated among the responses received. It is recognized that these categories are overlapping and often used in combination. Each is briefly described below.

1. Behavioural Change Approach

The aim here is to change actions taken by individuals, by actively engaging with them regarding medication use, activity levels, the proper use of mobility aids and proper footwear, protective equipment, such as hip protectors.

2. Educational Approach

This approach aims to raise individuals' awareness and knowledge of falls and fall risk factors via programs such as one-to-one counseling, group sessions, exercises classes, and media campaigns. Unlike behavioural approaches where there is usually a follow-through component, educational approaches often only consist of a passive presentation of information with the goal of increased knowledge rather than demonstration of change.

For instance, a program distributing a list of home hazards associated with falling (educational approach) is less likely to ensure change has taken place, compared to a program where seniors' homes are assessed for hazards, in conjunction with their ability to function in their environments, and, changes to reduce their risk of falling were tailored to the individual, and where required, facilitated through subsidies and assistance (behavioural approach).

3. Physical/Environment Approach

Physical/environment approaches are those where the program aim is to improve safety by modifying physical structures, removing physical hazards, or having individuals wear protective equipment. Examples of physical/environment approaches include installing grab bars in bathrooms and introducing snow and ice removal.

4. Regulatory Approach

Regulatory approaches are those where the aim of the program is to change policy and/or regulations or to have people advocate for change. Examples of regulatory approaches include legislation for standards regarding assistive devices and citizen-groups lobbying governments or organizations to change or adopt policy related to falls prevention.

These approaches are not mutually exclusive. For example, a group education session that included both encouraging seniors to identify home hazards by providing a home check-list and an exercise video would be considered to have used an education approach (group session), a physical/environment approach (home hazard checklist), and a behavioural change approach (exercise).

Tables 2a, 2b, and 2c present the type of approaches taken by the programs included in the *Inventory*. The majority of programs reported using an educational approach to change behaviour related to falling. Educational approaches typically consisted of information delivered in group sessions, although a few programs used individual sessions or widespread media campaigns. All of the education approaches focused on changing more than one risk factor, with most aiming to increase awareness and knowledge, and/or change behaviour around multiple risk factors.

Behavioural change was the focus of several programs. A number of programs focused on encouraging seniors to identify and modify home hazards. None included actually making the home modifications for seniors. One program did involve removing an outdoor physical hazard (snow) and another involved phoning a hotline so that seniors could report sidewalk hazards for referral to the municipality for repair.

Even though no program reported a regulatory approach to reducing falls and fall-related injuries, three did indicate that a component of their program tried to increase advocacy, primarily through the formation of coalitions or by having participants identify falling hazards within the community and reporting them to municipal authorities.

Examination of the *Inventory* reveals that three programs with a wide impact are being implemented in multiple sites. However, this does not imply that single-site programs are of lesser quality. Two of the programs offered at multiple sites are, *Steady As You Go!* and *First Step : Falls Prevention Starts With You!* These programs were purposely designed to allow for easy adaptation and implementation by other organizations and communities. A third program, mandated by the Ontario Ministry of Health, requires all 37 local health boards in the province to develop programs to reduce fall-related injuries among seniors in their region by 20% for the year 2010. These programs involve

multiple methods and are described in greater detail below. Their emphasis here reflects the detailed information received in the multiple responses to the inventory and is not intended to imply that they are more effective than other programs. A new fall prevention initiative recently launched by Health Canada and Veterans Affairs Canada is also described, as are a number of similarly funded projects which will be operational by the latter half of 2001.

Steady As You Go! (SAYGO)

A number of programs submitted to the inventory reported using the *SAYGO* program either exclusively or as part of a larger fall prevention initiative. *SAYGO,* developed and tested in Edmonton, Alberta, is a cognitive/behavioural fall prevention intervention for healthy community-dwelling seniors. It includes a multifactorial risk abatement approach, with a focus on identifying and reducing community hazards.

Participating seniors attend two 90-minute sessions one month apart. At the first session they receive the Client Handbook and Fitness Video and they begin, with the guidance of client materials and the group session facilitator, to identify their personal risks for falls. Over the intervening month, seniors implement their own strategies to reduce their risks and at the second session share what they have done, giving each other good ideas on how to prevent falling.

Because the program is relatively simple to implement with a step-by-step guide, and a focus on personal mentoring to new users, many Canadian communities have implemented *SAYGO.* This high level of generalizability is underscored by nine programs submitted for the F/P/T inventory who reported using *SAYGO* either exclusively or as part of a larger fall prevention program.

The Edmonton evaluation of *SAYGO* used a randomized control trial of 660 individuals, and revealed that participants who took the program made significant changes in 8 out of 9 risk factors measured after one month. Fewer program participants reported falling compared to controls over a four-month follow-up period (17% versus 23%), although the difference did not reach statistical significance. Further, individuals who reported falling in the year prior to the program were twice as likely to report falling in the four-month follow-up if they had not participated in the *SAYGO* program (Robson, Edwards, Gallagher & Baker, 2001).

First Step: Falls Prevention Begins With You!

The *First Step : Falls Prevention Begins With You!* program consists of a 27 page booklet allowing seniors to identify fourteen different risk factors for falling and instructions on how to modify each of these risk factors, including who to call and where to go for help. Although the booklet was originally developed for use in the Burnaby region of British Columbia, it can be easily adapted to other areas by modifying information concerning the community resources portion. The developers of the *First* Step program encourage its adaptation for distribution in other communities and will even provide a disk with a template of the booklet for revision. Because the *First Step* program can be adapted and distributed easily and is relatively inexpensive, it can readily be implemented by other organizations and communities. Highly generalizable, four programs in the *Inventory* reported using this program either exclusively or as part of a larger falls reduction initiative. An evaluation of the *First Step* program sponsored through the Adult Injury Management Network (AIMNet), conducted through telephone and in-person interviews with seniors who received the booklet, revealed that 96% of them read the booklet, 65% used the booklet to identify their major risk factors for falls, 11% used the list of organizations and contacts, and 40% made changes to their environment or behaviour. There were very high levels of satisfaction with the overall program as well as the readability of the booklet, the wording, and the layout.

Injury Prevention Including Substance Abuse Prevention Program (Ontario)

The *Injury Prevention Including Substance Abuse Prevention Program* is mandated by the Ontario Ministry of Health, through the Health Protection and Promotion Act. One of the stated objectives of this program is to reduce the rate of fall-related injuries in the elderly (aged 65+ years) that lead to hospitalization or death by 20 per cent by the year 2010. Through this program, each of the 37 Ontario boards of health is expected to support policies and educate seniors and other targeted groups to prevent fall-related injuries in seniors. Education initiatives must include the risk factors associated with fall-related injuries and strategies to prevent these injuries. At a minimum, the boards of health are expected to develop, maintain membership, and actively participate in a fall-related injury prevention coalition and to promote and provide, on an annual basis, educational information and activities regarding fall risk factors. These activities are to include at least one community-wide education campaign and one or more community events (depending on population) that involve public interaction and participation and provide information and/or skill building.

Consequently, all 37 local boards of health in Ontario provide a fall prevention program in their health unit areas, many of which are described in the tables attached. The Alcohol Policy Network at the Ontario Public Health Association has recently finalized the *Directory of Substance Abuse and Injury Prevention Contacts in Public Health, 2000.* Section 2, on pages 51 to 53, and pages 65 to 66 of Section 3, contain information on health unit fall prevention programs and resources. This document can be downloaded at:

http://www.apolnet.org/resources/res_apn.html. Section 2 also contains web site and e-mail addresses.

Also in Ontario, the Trauma Prevention Council of Central West Ontario (http://www.traumaprevention.on.ca) has received funding to develop a comprehensive community-based model (program) for the prevention of falls among seniors. The three-year project will involve other partners and use materials already developed, including the *Are You in Jeopardy* and *Stepping Out Safely* resources. Pages 45 to 53 of their document *Does Your Injury Prevention Program Work*? contains materials for the planning of fall prevention programs, including a Haddon Matrix analysis, a logic model, work sheets, evaluation outline and information on best practices.

Health Canada and Veterans Affairs Canada: Fall Prevention Initiative

At the time this inventory was being compiled, a *Fall Prevention Initiative* was being launched by Health Canada and Veterans Affairs to provide funding for fall prevention programs targeted toward community-dwelling veterans and seniors in three pilot regions: Atlantic Canada, British Columbia, and Ontario. The focus of this initiative is to fund fall prevention programs using a population health approach to increase awareness and reduce risk factors for falling. Programs beginning in 2001 will last up to three years, and end in May 2004. Evaluation will be an integral part of each funded project as well as the national initiative. It is expected that this coordinated effort will help identify effective population health strategies and increase our understanding of effective means for reducing risk factors associated with falls among seniors.

D. Program Effectiveness

Twenty-six programs reported either completing or processing some type of evaluation. They varied greatly from randomized control trials to informal participant feedback. Of the programs that reported participant satisfaction or program ratings, all indicated that participants were highly satisfied and evaluated the program favourably. The programs assessing changes in risk factors generally reported a successful reduction in risk factors, although most did not report their methodology in enough detail to verify the accuracy or interpretation of their conclusions. Two programs reported measuring changes in falls. As noted above, the *SAYGO* program used a randomized trial and found that program participants were less likely than controls to report falling in the four months after taking the program, although this difference did not reach significance. Further, of participants who reported falling in the year prior to the intervention, those in the control group were twice as likely to fall than program participants in the four months following the program (Robson, Edwards, Gallagher & Baker, 2001). Results from the *Sunnybrook Falls Prevention Program*, which included exercise and education components targeted toward seniors with a history of falls or near falls, indicated high levels of participant satisfaction, significant improvements in balance and gait, and fewer falls reported during the intervention and follow-up, although it was not indicated how the falls data were collected (other than by subjective report) or over what time period.

IV. CONCLUSIONS

The Federal/Provincial/Territorial Ministers Responsible for Seniors have identified injury prevention as a major health concern among seniors. Because falls account for the large majority of injuries to seniors, reducing the physical, emotional, and financial hardships associated with injuries will require the development and delivery of effective programs to reduce falls and fall-related injuries. This F/P/T inventory of community-based fall prevention programs was compiled to better understand the issues around delivery of fall prevention programs in Canada.

Despite an extensive national search using both electronic and non-electronic distribution media, only 58 programs were identified across the country. Nonetheless, it appears as if the number of programs will be growing in quantity and improving in quality. *Steady As* You Go! and *First Step: Falls Prevention Starts With You!* have been adapted and implemented by a number of communities and organizations across the country. The injury prevention initiative mandated by the Ontario Ministry of Health will continue to enhance falls prevention, given that all 37 health units in Ontario have seniors' fall prevention programs in place, expertise is developing and some research is underway. The *Health Canada/Veterans Affairs Fall Prevention Initiative* will serve to raise awareness of the issue of falls among community-dwelling seniors and provide the impetus for the development of fall prevention programs. Thus a fall prevention inventory compiled in another five years would include many more fall prevention programs.

Although there is no way of knowing what percentage of Canadian programs were actually captured in this inventory, there is evidence that a majority were identified. For example, two of the researchers (E. Gallagher and V. Scott) have extensive contacts in British Columbia through their work with AIMNet and other organizations, and likely would have been aware of programs in that province that were not captured through the data collection process. As well, when a low number of responses were noted from the four Atlantic provinces, one of the researchers (S. Dukeshire), made personal contact with key stakeholders in all four provinces and was unable to locate any additional programs (although one program was identified much later through another source). Thus, we are confident that the *Inventory* does represent many of the programs offered in Canada. We do acknowledge the possibility that smaller community-based programs may have been missed.

Overall, the vast majority of programs used an education approach for seniors to take an active role to reduce their risk factors for falling and/or to reduce environmental falling hazards in their home. These programs tended to adopt a multi-factorial approach to falls prevention, with the goal of targeting two or more falls risk factors. Such an approach seems appropriate given the multifaceted, interdependent complexity of fall risk factors and the general agreement that multi-factorial risk reduction strategies are likely to have the greatest impact on reducing falls among seniors. Understandably, no program reported trying to change social or economic risk factors because these types of risk

factors are likely remote causes of falling and are difficult to change. However, social-economic risk factors can be considered in developing fall prevention programs. For example, fall prevention programs can be targeted toward economically disadvantaged populations or the intervention can include components to help these groups receive the full benefit of the intervention (e.g., subsidies to assist with home modifications or fitness programs).

Relatively few programs conducted an evaluation, yet it is only through evaluation that we can determine the effectiveness of the program for changing risk factors and/or reducing falls or fall-related injuries. While recognizing that program evaluation may be difficult when staff and budgets are limited, and when achieving an adequate sample size and comprehensive data collection present challenges, programmers should at least attempt an evaluation, preferably designing programs with evaluation strategies in place at the beginning.

Collecting information on the reduction in falls and/or fall-related injuries, participant satisfaction and assessment of the program, and changes in risk factors that result from the program is the prime activity. Client satisfaction and evaluation of a program can be assessed using a short survey and changes in risk factors can be determined with simple assessments conducted at the beginning and end of the program. For example, asking participants about attempts to change risk factors, and their perceptions of success in doing so; maintaining a diary of falls throughout the program to measure a reduction in falls when compared to the number of falls they had in a set time period prior to entering the program. Such an understanding will help current programs refine their methods for reducing falls and allow new programs to learn from the experiences of previous programs. The *Best Practices Guide*, developed as part of this initiative, includes a section that outlines the importance of evaluation and provides guidelines and suggestions for successfully carrying out an evaluation.

Our findings indicate a need for implementation of more Canadian fall prevention programs, to be developed using the best knowledge available concerning the risk factors associated with falling and evidence concerning the effectiveness of modifying these risk factors to reduce falls among seniors. Literature reviews yield information. The systematic review conducted as part of this project, found in the companion document produced for this project, *A Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community* (2001), is a good example. Finally, to recognize successful strategies and refine programs for the reduction of falls, the evaluation of participant satisfaction and rating of the program for changes in falls, fall risk factors and impact on falling patterns, must proceed.

Table 1a: PROGRAM CHARACTERISTICS: *Western Canadian Provinces*

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Choice	Donnie McIntosh, *Good Samaritan Society http://www.gss.org*	Alberta (Edmonton)	Capital Health Authority	Oldest old primarily in the southwest and southeast areas of Edmonton		To maintain independence of frail or disabled seniors, while meeting their special needs.	English
Lakeland Injury Control Project "For Safety's Sake"	Denise Matiushyk, *Lakeland Regional Health Authority*	Alberta (Lakeland Regional Health Authority area)	Alberta Health and Wellness - Health Innovation Fund August 2000 - June 2003	Older adults age 55	Potentially: 21,728 people over 55 in area	To reduce hospitalizations due to falls by seniors by 40% by year 2003.	English
Link to Health	Cathy Fornier, *Canadian Red Cross Society*	Alberta	Local region Fund-raising initiatives	Inactive Seniors 65+	1,300 in 76 classes; 254 Instructors trained	To improve physical fitness. To improve or maintain ability to perform everyday activities.	English
Medical Equipment Loan (MELS) Services (Western Canada)	*Canadian Red Cross Society*	Alberta, British Columbia, Manitoba	Grants	55+	55,000	To provide low cost short-term loan service of health equipment.	English
Prevention before the Fall	Liza Sunley, *Alberta Centre for Injury Control and Research*	Alberta (Edmonton)		All Capital Health Region citizens (including seniors)			English
Snow Rangers	Anette Jorgensen, *Canadian Red Cross Society*	Alberta (Calgary)	None (in its 3rd winter)	55+	45	To recruit volunteers for snow shoveling for a waitlist of approx 200 seniors and people with disabilities.	English
Steady As You Go!	Ellie Robson, *Population Health, Capital Health Region*	Alberta	1. Local health regions 2. Regional Public Health	65+		To reduce risk factors, falls, injury rates, environmental hazards, costs. To increase awareness.	English
Steady As You Go!	Jeanne Annett, *Aspen Regional Health Authority*	Alberta (Aspen Health Region)	Aspen Regional Health Authority treats it as a long-term budget item.	60+	12 communities: Approx 150/year	To reduce fall-related injuries.	English
Steady As You Go!	Sheryl Jackson, *Regional Public Health, David Thompson Health Region*	Alberta (David Thomson Health Region)	Health Unit	65+		To maintain independence and increase quality of life by reducing injury from falls in seniors living at home.	English

Table 1a: PROGRAM CHARACTERISTICS: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Steady As You Go!	Kathy Roth, *Chinook Health Region*	Alberta (Lethbridge)	1. Seniors' Health 2. Pop Health, CHR 1 year	65+		To reduce falls.	English
Adult Injury Management Network (AIMNET)	Elaine Gallagher & Victoria Scott, *University of Victoria*	British Columbia	Health Canada funding: 1999 - 2001	Anyone interested in adult injury prevention	35	To promote the health of older Canadians through the prevention of unintentional injuries.	English
Fall Prevention Program	Deborah Peck & Caroline Dunford, *North Peace CHSS & North Peace CHC*	British Columbia (Fort St. John)	1. North Peace CHSS 2. Private donation	Seniors (relatively independent) and caregivers	New program -- 3 sessions to date	To increase activity and balance, quality of life and education and awareness about falls. To decrease injuries and suffering.	English
Kamloops First Step Program	Joan Wilson, *Kamloops Fall Prevention Network*	British Columbia (Kamloops)	Fire and Rescue Dept., City of Kamloops	65+	Approx. 3000 in the first year	To reduce/prevent falls and accidents and improve safety.	English
NOHR Community Interventions to Reduce Falls and Fractures among Seniors	G. Dewey Evans, *North Okanagan Health Region*	British Columbia (Vernon, Salmon Arm, Enderby, Armstrong, Revelstoke)	Health Board Ongoing	65+		To reduce falls and fractures.	English
Safe Step Prevention Program	Lynn Cregg-Guinan, *Osteoporosis Society*	British Columbia (Vancouver, Victoria)	1. South Fraser Health Region Jan 2000 - Mar 2001 2. Capital Health Region Sept 2000 - May 2001	55+	▪ South Fraser HR: 588 ▪ Capital HR: 396	To provide education and awareness about fall prevention.	English
Short term Assessment and Treatment Centre, Vancouver General Hospital	Jenny Elliot, *Day Unit, Vancouver General Hospital*	British Columbia (Vancouver General Hospital, BC STAT Centre)	Regional Continuing Care	Frail elderly with multipathology	300/year	To maximize independence in the frail elderly.	English
Steady as you Go!	Esther Brisch, *North West Health Unit*	British Columbia (Telkwa, Houston, Kitimat)	Health Unit	Seniors	45	To increase awareness, strength, agility.	English
The First Step: Fall Prevention Starts with You!	Tom MacLeod, *Northern Interior Regional Health Board*	British Columbia (Prince George)	Northern Interior Regional Health Board Ongoing	60+	2000	To engage in health promotion and reduction of risks.	English

Table 1a: PROGRAM CHARACTERISTICS: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
The First Step: Fall Prevention Starts with You!	Myrtle Linden, *Burnaby Coalition to Prevent Falls*	British Columbia (Vancouver, Duncan)	Grants from special projects by Burnaby firefighters	Older adults	200+	To empower seniors.	English
Community Services for Seniors, Primary Health Program, Seniors Health Resource Team	Sonja Lundstrom, *Winnipeg Regional Health Authority*	Manitoba (Winnipeg)	Manitoba Health demonstration project	55+	1500	To enable seniors to live independently. To increase health promotion. To prevent Illness and injury.	English
Fall Prevention Week Toolkit	William Osei, *Coalition for Fall Prevention Among Seniors.*	Saskatchewan	None	55+	Distributed to all health promotion contacts in SK	To reduce falls and injury among older adults.	English
Safe Communities - Seniors Fall Prevention	Leslie Rea- Winichuk & Sarah Nixon-Jackle, *Saskatoon District Health - Public Health Services*	Saskatchewan (Saskatoon)	Public Health Ongoing	55+ community-dwelling seniors	Education presentations: 500. Exercise program: 100	To plan, develop, implement and evaluate program for preventable falls in older adults.	English

Table 1b: PROGRAM CHARACTERISTICS: *Central & Northern Canadian Provinces & Territories*

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Christmas Gift Package	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	1. Lambton Health Unit 2. Lambton Safe Community Council 1 month	50+	50-125	To inform and assist older adults in enhancing home safety during the winter months, in a creative way	English
Developing a Community-Based Education Program for Older Persons	Brian J. Gleberzon, *Canadian Memorial Chiropractic College*	Ontario (12 sites)	1. Ontario Chiropractic Assoc. 2. Ontario Ministry of Health Senior's Secretariat	Older persons		To dispel any myths older persons may have about osteo-arthritis and osteoporosis.	English
Don't Fall in the Fall	Kathy Nesbitt, *The Elgin Safety Team for Adults*	Ontario (Elgin)	1. The Elgin –St. Thomas Health Unit 2. VON volunteer Program 3. Novartis 4. Private donations	Seniors	400		English
Education/Early Intervention Program-Falls Prevention Session	Sonja Habjan, *Sister Margaret Smith Centre*	Ontario (Thunder Bay)	1. Ontario Ministry of Health & LTC 2. Ontario Substance Abuse Bureau Ongoing	Community living seniors, 55+ Care providers	40	To provide education/information about risk factors for falling to seniors who are hard to reach or are at risk.	English
Fall Prevention Program	Grace Castro-Nolet & Jane Stewart-Gray, *SCO Geriatric Day Hospital*	Ontario (Ottawa)	Part of regular budget	65+	25	To decrease falls through exercise and education.	English
Fall Prevention Program	Ginette Asselin, *Region of Ottawa-Carleton*	Ontario (Ottawa-Carleton)		• Seniors 65+ • Caregivers • Health professionals • Service providers • Volunteers	Approx. 1000	To reduce deaths and disabilities. To increase awareness of fall prevention.	English Chinese French Italian Vietnamese
Fall Prevention Program	Sandra Vessel, *Injury and Substance Abuse Prevention Team, York Region Health Services Dept.*	Ontario (Newmarket, Aurora,Vaughan, King, Georgina, East Gwillimbury, Whitchurch, Richmond Hill, Markham)	1. Ministry of Health (50%) 2. York Region (50%) Ongoing	65+	2000	To reduce falls by 20% by the year 2010.	Chinese English Italian

Table 1b: PROGRAM CHARACTERISTICS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Fort Frances Senior's Coalition	Dorothy Poperchny, *Northwestern Health Unit*	Ontario (Fort Frances)	None	Seniors 50-85+	6400	To provide education about fall prevention.	English
Healthy Aging & Adult Wellness Falls/Prevention	Colleen Stahlbrand, *Hamilton-Wentworth Social and Public Health Services Division*	Ontario (Hamilton, Hamilton Wentworth)	Ministry and municipality Ongoing	65+	Approx. 2500	To reduce fall related injuries by 20% by 2010.	English
Home Safe Home Road Show: Injury Prevention for Seniors in the Community	Elsie Petch & Elizabeth Smith *South Riverdale Community Health Centre*	Ontario (Toronto)	Ministry of Health: Ontario	Midlife-Seniors		To develop educational approaches and materials about injury prevention in English and Cantonese. To ensure community involvement. To develop a culturally and linguistically sensitive educational program. To encourage seniors to recognize risk s for injury.	English Cantonese
Home Support Exercise Program	Nancy Ecclestone, *Canadian Centre for Activity & Aging*	Ontario	1. Health Canada 2. City of London 1998 – 2000	65+ (frail elderly)	100+	To promote fitness mobility, independence of homebound older adults.	English
Home Support Exercise Program	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	Health Unit ongoing	Caregivers of housebound seniors	13		English
Injury Prevention Including Substance Abuse Prevention Program	Lorraine A. Cass, *Population Health Service, Public Health Branch, Ontario Ministry of Health and LTC*	Ontario (37 Health units)	1. Province of Ontario 50% 2. Local municipalities 50%	65+	Ontario population 65+		English
Living it Up	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	Lambton Health Unit 6 months	50+	5000	To create an easy-to-use resource indexing physical activity.	English

Table 1b: PROGRAM CHARACTERISTICS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Markham Stouffville Rehabilitation Program	Tina Healey, *Markham Stouville Day Hospital*	Ontario (Markham)	Ontario Health Insurance Plan Ongoing	60+	40+	To educate seniors who have had a fall or many falls.	English
May Home Improvement Sale	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	Lambton Health Unit 2 weeks every May	50+	250	To allow home safety improvement items to be more accessible cost-wise to older adults.	English
North York Coalition for Seniors' Falls Prevention	Mary Jane Hurley, *Sunnybrook & Women's College Health Sci. Centre*	Ontario (North York)	International Year of the Older Person grant 1999	65+		To raise public awareness on fall prevention strategies through community education.	English
Older and Wiser Safety Awareness Coalition	Beth Peterkin, *Older and Wiser Safety Awareness Coalition*	Ontario	1. Grant via The International Year of the Older Person (Ontario Senior's Secretariat) 2. Community donations	Seniors living independently		To reduce injuries among seniors living independently and improve their quality of life.	English
Public Awareness Campaign. Avoiding Trips, Slips and Broken Hips	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	Health Unit	55+		To increase knowledge about falls, physical activity, home adjustments resources.	English
Safe Step	Shirley Albinson, *Kingston, Frontenac, Lennox & Addington Falls Prevention Coalition*	Ontario (Kingston)	1. Kingston General Hospital No deadline 2. Greater Kingston Area Safe & Sober Community No deadline 3. Community Alliance December 2000	60+	135,000	To prevent falls by seniors.	English
Seniors Med-Safe Program	Donna Basler *Public Health Nurses, Regional Public Health Dept.*	Ontario (Central West)	Regional Municipality of Niagara	65+	Potentially: 65000	To reduce the number of fall-related injuries in the senior population that lead to hospitalization or death by 20% by the year 2010.	English
Steady As You Go!	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	1. Health Unit 2. Lakehead University In progress	65+		To demonstrate the effectiveness of Tai Chi in improving muscle strength & balance.	English

Table 1b: PROGRAM CHARACTERISTICS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Sunnybrook Falls Prevention Program	Susan Maddock & Sue Gal, *Sunnybrook and Woman's HSC*	Ontario (Toronto)	Ontario Health Insurance Plan 6 weeks	65+	37	To increase balance & confidence. To improve gait. To decrease falls.	English
The Power Program	Rosslyn Bentley, *Baycrest Centre for Geriatric Care, North York General Hosp., Yee Hong Centre for Geriatric care*	Ontario	1. Baycrest Centre for Geriatric Care 2. North York General Hospital 3. Yee Hong Centre for Geriatric Care	Seniors		To provide education, exercise and nutrition.	English Chinese
Index of Available Documentation and Resources for the Prevention of Falls of the Elderly in their homes	Charles Lemieux, *Public Health Dept. for the Gaspé Peninsula and Madeleine Islands*	(Gaspé Peninsula and Madeleine Islands)	Director of the Public Health Dept. Ongoing	65+	Unknown	To identify equipment and resources needed to prevent falls in the home and exact methods for obtaining necessary safety equipment.	French
PIED Program Enriched physical exercise program	Yvonne Robitaille & Francine Trickey, *Montreal Regional Public Health Dept.*	Québec (Montreal)	A variety of organizations offer the program periodically.	60+ living independently in the community	60 per year	To increase balance and leg strength. To promote knowledge and awareness about behavioural and environmental fall risks. To enable participants to assess their home and make simple changes.	English French
Pilot Project for the Prevention of Falls among the Elderly residing in the Community	Denise Gagné, *Québec Public Health Office and CLSC for two territories of the region.*	Québec (Territories of the CSLC Haute-Ville-des-Rivières and La Source)	Each of the organizations involved has submitted a request to the Regional Health and Social Services Office for funding for evaluation. 1 year for evaluation and continuous funding for the intervention	65+	Number receiving services each year not yet computed. Starting with clients receiving services in their own homes by CSLC.	To reduce falls among elderly residing in the community through attention to risk factors of those currently receiving home services.	French

Table 1b: PROGRAM CHARACTERISTICS: ***Central & Northern Canadian Provinces & Territories*** **(con't)**

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
Regional Pilot-Project for the prevention of falls of the elderly in their homes. For implementation in the CSLC's.	Claude Bégin, *Québec Public Health Dept. and Regional Health and Social Services Office*	Québec (Region of Lanaudière)	Regional Budget 3 years: April 2001 - March 2004	55+		To keep the elderly in their own homes.	French
Safety Installations in the Bathrooms of the Elderly	Daniel Gagné, *Public Health Office*, Rouyn-Noranda	Québec (Abitibi-Témiscamingue)	Regional Health and Social Services Dept. of the Abitibi-Témiscamingue Region, Public Health Office 2 years	50-75 years	Region-wide (Unknown)	To heighten the awareness among the children (aged 45-55 years) of elderly of safety measures for the prevention of falls.	French
Safety in the Bathroom: Sensitizing Guide Concerning the Installation, the Handling and the Maintenance of Safety Measures for the Elderly Residing at home	Charles Lemieux, *Public Health Office for the Gaspé Peninsula and the Madeleine Islands.* Partners: CLSC-CHSLD, Regional Public Health Offices	Québec province	Health and Social Services Ministry, General Dept. for Public Health. 1997 - 2000	Independent seniors or those with slight mobility problems, residing in their own homes	Unknown	To reduce the number of falls that occur in bathrooms. To provide information to those who work with the elderly in their homes (nurses, physiotherapists, and program leaders) on appropriate safety practices and equipment for bathrooms. To make modifications to bathrooms	French
The Problems of Falls Outside the Home	Helene Bélanger-Bonneau, *Public Health Dept. for Montreal Centre*	Québec (Health Emergency Centres, Montreal and Jesus Islands)	1. Québec Health and Social Services Ministry 2. Public Health Dept. for Montreal-Centre 12 Months	55+		To study the incidence and circumstances of falls that occur outside the home.	English French

Table 1c: PROGRAM CHARACTERISTICS: ***Atlantic Canadian Provinces***

Name of Program	Contact name & Organization	Location	Funding Source & Funding Duration	Target Population	Number of people served	Program Goals	Languages
The First : Fall Prevention Starts with You!		Nova Scotia		Older adults		To empower seniors.	English
Healthy Active Living Program for Older Adults	T. Farrow (English) & Margaret Richard (French), *Provincial coordinators*	New Brunswick	1. Provincial government • Sport and Culture Secretariat • Family and Community Services	50+	10,000 in nine months	To reach isolated as well as active seniors.	English French
Injury Prevention In Seniors	Heather Oakley, *Saint John Regional Hospital*	New Brunswick (Saint John)	1. Injury Prevention Expo	65+	500	To promote health by seeking collaborative ways to address the issues. To improve access to health information and ultimately create a healthy aging population.	English
Watch Your Step "Parachute"	Tamra Farrow, *Community Health Promotion Network Atlantic*	New Brunswick	1. Health Canada 2. Veterans Affairs Canada first phase	Seniors		To form partnership to develop and deliver fall prevention strategies to NB seniors. To raise awareness of falls prevention to older adults and general population.	English French
Falls Prevention Services – Specialty Rehab Program	Linda Doody, *Dept. of Health and Community Services*	Newfoundland	Dept. of Health and Community Services	Frail elderly		To provide comprehensive assessment, treatment and education.	English
Pro Hip Protectors	Dr. Barry Clarke, *LTC Veteran's Memorial Building*	Nova Scotia (Halifax)	Veterans Affairs Canada	65+	50	To identify those at risk and provide them with hip protectors.	English

Table 2a: RISK FACTORS AND INTERVENTIONS: *Western Canadian Provinces*

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Choice	Donnie McIntosh, *Good Samaritan Society*	Alberta (Edmonton)	▪ lack of social supports ▪ personal care ▪ emergency response	X			X				
Lakeland Injury Control Project "For Safety's Sake"	Denise Matiushyk, *Lakeland Regional Health Authority*	Alberta (Lakeland Regional Health Authority area)	▪ environmental hazards ▪ need for toileting alarms ▪ need for hip protectors			X				X	
Link to Health	Cathy Fornier, *Canadian Red Cross Society*	Alberta	▪ physical health ▪ disease prevention ▪ control and management outcomes ▪ lifestyle behavioural outcomes ▪ skill and health related fitness – balance, strength, coordination	X	X			X	X		
Medical Equipment Loan (MELS) Services (Western Canada)	*Canadian Red Cross Society*	Alberta, British Columbia, Manitoba	▪ improper use of or lack of access to health care equipment		X			X			
Prevention before the Fall	Liza Sunley, *Alberta Centre for Injury Control and Research*	Alberta (Edmonton)	▪ lack of physical activity ▪ transportation ▪ medications ▪ home safety ▪ hearing and vision ▪ awareness	X	X	X		X	X		
Snow Rangers	Anette Jorgensen, *Canadian Red Cross Society*	Alberta (Calgary)	▪ outdoor environment hazards ▪ falls (snow removal)			X				X	
Steady As You Go!	Ellie Robson, *Population Health, Capital Health Region*	Alberta	▪ cognitive/behavioural ▪ environment ▪ behaviour/prevention practices	X	X	X		X	X	X	
Steady As You Go!	Jeanne Annett, *Aspen Regional Health Authority*	Alberta (Aspen Health Region)	▪ paying attention ▪ taking risk ▪ footwear, foot care ▪ medication, ▪ vision ▪ hazards ▪ balance, leg strength	X	X	X		X	X	X	

Table 2a: RISK FACTORS AND INTERVENTIONS: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Apprcaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Steady As You Go!	Sheryl Jackson, *Regional Public Health, David Thompson Health Region*	Alberta (David Thomson Health Region)	• awareness of falling risk • leg strength and balance • environment	X	X	X		X	X	X	
Steady As You Go!	Kathy Roth, *Chinook Health Region*	Alberta (Lethbridge)	• physical strength and environmental factors including failing eyesight etc.	X				X			
Adult Injury Management Network (AIMNet)	Elaine Gallagher & Victoria Scott, *University of Victoria*	British Columbia	• vision, • medication • leg strength • paying attention • risk taking • community hazards • foot care and footwear	X	X	X		X	X	X	
Fall Prevention Program	Deborah Peck & Caroline Dunford, *North Peace CHSS & North Peace CHC*	British Columbia (Fort St. John)	• awareness of risk of falls and unintentional injuries	X	X	X		X	X	X	
Kamloops First Step Program	Joan Wilson, *Kamloops Fall Prevention Network*	British Columbia (Kamloops)	• multiple risk factors including those addressed by SAYGO and First Step	X	X	X		X	X	X	
NOHR Community Interventions to Reduce Falls and Fractures among Seniors	G. Dewey Evans, *North Okanagan Health Region*	British Columbia (Vernon, Salmon Arm, Enderby, Armstrong, Revelstoke)	• risk of injury from a fall	X					X		
Safe Step Prevention Program	Lynn Cregg-Guinan, *Osteoporosis Society*	British Columbia (Vancouver, Victoria)	• physical health • environmental and host risk factors	X	X	X			X		
Short Term Assessment and Treatment Centre, Vancouver General Hospital	Jenny Elliot, *Day Unit, Vancouver General Hospital*	British Columbia (Vancouver General Hospital, BC STAT Centre)	• fall-related fracture risk	X	X	X			X		
Steady as you Go!	Esther Brisch, *North West Health Unit*	British Columbia (Telkwa, Houston, Kitimat)	• balance, strength and flexibility • pain • incontinence • polypharmacy • nutrition • vision	X	X	X		X	X		

Table 2a: RISK FACTORS AND INTERVENTIONS: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
			• footwear • fear of falling • anxiety • depression • alcohol use • cognition • environment								
The First Step: Fall Prevention Starts with You!	Tom MacLeod, *Northern Interior Regional Health Board*	British Columbia (Prince George)	• environmental risks • personal behaviour	X	X	X		X		X	
The First Step : Fall Prevention Starts with You	Myrtle Linden, *Burnaby Coalition to Prevent Falls*	British Columbia (Vancouver, Duncan)	• dizziness • medication • alcohol use • foot problems • weak muscles/stiff joint • continence • vision/hearing difficulties • sleep difficulties • concentration • shortness of breath • home hazards • walking hazards • balance	X	X	X		X	X	X	
Community Services for Seniors, Primary Health Program, Seniors Health Resource Team	Sonja Lundstrom, *Winnipeg Regional Health Authority*	Manitoba (Winnipeg)	• medication use • building and community environment hazards • mobility aids	X	X	X		X	X	X	
Fall Prevention Week Resource Kit	William Osei, *Coalition for Fall Prevention Among Seniors.*	Saskatchewan	• dangerous homes • ice hazards • health lifestyles		X	X					
Safe Communities - Seniors Fall Prevention	Leslie Rea- Winichuk & Sarah Nixon-Jackle, *Saskatoon District Health - Public Health Services*	Saskatchewan (Saskatoon)	• personal risk factors, • lifestyle, • behaviour • health surroundings • exercise • medication use, • plus risk factors addressed by SAYGO	X	X	X		X	X	X	

Table 2b: RISK FACTORS AND INTERVENTIONS: ***Central & Northern Canadian Provinces & Territories***

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Christmas Gift Package	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	▪ awareness of fall risk ▪ home hazards			x		x			
Developing a Community-Based Education Program for Older Persons	Brian J. Gleberzon, *Canadian Memorial Chiropractic College*	Ontario (12 sites)	▪ safety proof home (home hazards) ▪ lack of exercise ▪ poor nutrition		x	x			x	x	
Don't Fall in the Fall	Kathryn Nesbitt, *Elgin Health Unit*	Ontario (Elgin – St. Thomas Health Region)	▪ safe medication use ▪ exercise ▪ home hazards ▪ use of assistive devices ▪ osteoporosis	x	x	x					
Education/Early Intervention Program-Falls Prevention Session	Sonja Habjan, *Sister Margaret Smith Centre*	Ontario (Thunder Bay)	▪ alcohol and medication misuse		x				x		
Fall Prevention Program	Grace Castro-Nolet & Jane Stewart-Gray, *SCO Geriatric Day Hospital*	Ontario (Ottawa)	▪ impaired balance and mobility, ▪ environmental hazards ▪ medication, ▪ unsafe behaviour factors	x	x	x		x	x	x	
Fall Prevention Program	Ginette Asselin, *Region of Ottawa-Carlton*	Ontario (Ottawa-Carlton)	▪ medications associated with falls ▪ polypharmacy ▪ impaired musculosketal function ▪ environmental hazards	x	x	x		x	x	x	
Fall Prevention Program	Sandra Vessel, *Injury and Substance Abuse Prevention Team, York Region Health Service Dept.*	Ontario (Newmarket, Aurora, King, Vaughan, Georgina, East Gwillimbury, Whitchurch, Richmond Hill, Markham)	▪ gait ▪ balance ▪ medication, ▪ physical activity ▪ environmental risk factors (lighting, rugs, safety devices, etc.)	x	x	x		x	x	x	
Fort Frances Senior's Coalition	Dorothy Poperchny, *Northwestern Health Unit*	Ontario (Fort Frances)	▪ lack of exercise		x				x		
Healthy Aging & Adult Wellness Falls/Prevention	Colleen Stahlbrand, *Hamilton-Wentworth Social and Public Health Services Division*	Ontario (Hamilton, Hamilton Wentworth)	▪ unsafe streets ▪ lack of partners to support policy change to make communities healthier and safer		x	x	x	x	x	x	x

Table 2b: RISK FACTORS AND INTERVENTIONS: ***Central & Northern Canadian Provinces & Territories*** **(con't)**

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Home Healthcare Equipment Service (HHES)	*Canadian Red Cross Society*	Ontario	▪ improper use of or lack of access to health care equipment		X			X			
Home Safe Home Road Show: Injury Prevention for Seniors in the Community	Elsie Petch & Elizabeth Smith *South Riverdale Community Health Centre*	Ontario (Toronto)	▪ intrinsic/individual ▪ extrinsic/structural & environmental		X	X		X	X	X	
Home Support Exercise Program	Nancy Ecclestone, *Canadian Centre for Activity & Aging*	Ontario	▪ inactivity ▪ frailty	X	X			X			
Home Support Exercise Program	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	▪ inactivity and poor balance	X	X			X	X		
Injury Prevention Including Substance Abuse Prevention Program	Lorraine A. Cass, *Population Health Service, Public Health Branch, Ontario Ministry of Health and LTC*	Ontario (37 Health units)	▪ lack of community injury prevention coalitions ▪ lack of educational information on prevention		X		X	X	X		X
Living it Up	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	▪ prior falls ▪ muscle strength ▪ reduction in medical conditions	X	X				X		
Markham Stouffville Rehabilitation Program	Tina Healey, *Markham Stouville Day Hospital*	Ontario (Markham)	▪ lack of physical assessment for fall risk	X				X			
May Home Improvement Sale	Marnie Garrett, *Lambton Health Unit*	Ontario (Sarnia)	▪ home hazards ▪ lack of funds to purchase safety equipment			X	X			X	
North York Coalition for Seniors' Falls Prevention	Mary Jane Hurley, *Sunnybrook & Women's College Health Sciences Centre*	Ontario (North York)	▪ lack of knowledge of fall risk ▪ lack of knowledge of best prevention strategies ▪ lack of knowledge of supports/resources for prevention		X				X		

Table 2b: RISK FACTORS AND INTERVENTIONS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Older and Wiser Safety Awareness Coalition	Beth Peterkin, *Older and Wiser Safety Awareness Coalition*	Ontario	▪ home safety including fire, ▪ medications		x				x		
Public Awareness Campaign. Avoiding Trips, Slips and Broken Hips	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	▪ lack of knowledge about risk factors ▪ decreased physical activity ▪ medication and alcohol use		x	x			x		
Safe Step	Shirley Albinson, *Kingston, Frontenac, Lennox & Addington Falls Prevention Coalition*	Ontario (Kingston)	▪ pedestrian fall hazards (unsafe sidewalks) ▪ medications		x	x		x	x	x	x
Seniors Med-Safe Program	Donna Basler *Public Health Nurses, Regional Public Health Dept.*	Ontario (Central West)	▪ medications		x			x			
Steady As You Go!	Etheleen Porter Brysch, *Thunder Bay District Health Unit*	Ontario (Thunder Bay)	▪ exercise ▪ awareness ▪ prevention strategies	x	x	x		x	x	x	
Sunnybrook Falls Prevention Program	Susan Maddock & Sue Gal, *Sunnybrook and Woman's HSC*	Ontario (Toronto)	▪ weakness ▪ balance ▪ knowledge ▪ prevention	x	x			x	x		
The Power Program	Rosslyn Bentley, *Baycrest Centre for Geriatric Care, North York General Hosp., Yee Hong Centre for Geriatric care*	Ontario	▪ injury prevention ▪ diet restrictions ▪ exercise		x			x	x		
Index of Available Documentation and Resources for the Prevention of Falls of the Elderly in Their Homes	Charles Lemieux, *Public Health Dept. for the Gaspé Peninsula and Madeleine Islands*	Québec (Gaspé Peninsula and Madeleine Islands)	▪ lack of physical activity ▪ poor diet ▪ medications ▪ excess alcohol ▪ balance ▪ improper use of walking aids ▪ installation of home safety equipment ▪ osteoporosis	x	x	x			x		

Table 2b: RISK FACTORS AND INTERVENTIONS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
PIED Program Enriched physical exercise program	Yvonne Robitaille & Francine Trickey, *Montreal Regional Public Health Dept.*	Québec (Montreal)	▪ balance and leg strength ▪ obstacles in the home environment ▪ unsafe behaviours (e.g., medications)	X	X	X		X	X	X	
Pilot Project for the Prevention of Falls among the Elderly residing in the Community	Denise Gagné, *Québec Public Health Office and CLSC for two territories of the region.*	Québec (CSLC Haute-Ville-des-Rivières and La Sources Regions)	▪ decreased lower limb strength ▪ gait ▪ decreased vision ▪ medications ▪ cognitive difficulties ▪ postural hypotension ▪ osteoporosis ▪ environmental factors in the home	X	X	X		X	X	X	
Regional Pilot-Project for the Prevention of Falls of the Elderly in Their Homes. Project for the Implementation in the CSLCs.	Claude Bégin, *Québec Public Health Dept. and Regional Health and Social Services Office*	Québec (Region of Lanaudière)	▪ decrease lower limb strength ▪ gait and balance ▪ decreased vision ▪ use of psychotropic and cardio-vascular drugs ▪ polypharmacy ▪ environmental risks in the home ▪ cognitive difficulties ▪ postural hypotension ▪ osteoporosis	X	X	X		X	X	X	
Safety Installations in the Bathrooms of the Elderly	Daniel Gagné, *Public Health Office, Rouyn-Noranda*	(Abitibi-Témiscamingue)	▪ lack of safety equipment in the bathrooms ▪ lack of knowledge about risk factors for falling among children of elderly people			X			X	X	
Safety in Bathroom: Sensitizing Guide Concerning Installation, Handling and the Maintenance of Safety Measures for the Elderly Residing at Home	Charles Lemieux, *Public Health Office for the Gaspé Peninsula and the Madeleine Islands.* Partners: CLSC-CHSLD, Regional Public Health Offices	Québec (Throughout the Province)	▪ lack of safety equipment in the bathrooms (e.g., grab bars) ▪ inability to install and maintain bathroom safety devices ▪ behaviour of persons at risk of falling when taking a bath		X	X		X	X	X	

Table 2b: RISK FACTORS AND INTERVENTIONS: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
The Problems of Falls Outside the Home	Helene Belanger-Bonneau, *Public Health Dept. for Montreal Centre*	Québec (Health Emergency Centre, territory of Montreal and Jesus Islands)	▪ socio-demographic characteristics (age/gender) ▪ environmental hazards at the site of the fall ▪ weather conditions			x	x			x	

Table 2c: RISK FACTORS AND INTERVENTIONS: *Atlantic Canadian Provinces*

Name of Program	Contact name & Organization	Location	Targeted Risk Factors	Risk Factor Categories				Intervention Approaches			
				Biol	Beh	Env	Soc/ Eco	Beh Chg	Educ	Phys/ Env	Reg
Healthy Active Living Program for Older Adults	T. Farrow (English) & Margaret Richard (French), *Provincial coordinators*	New Brunswick	▪ medications ▪ poor nutrition ▪ lack of physical activity ▪ poor stress management		X			X	X		
Injury Prevention In Seniors	Heather Oakley, *Saint John Regional Hospital*	New Brunswick (Saint John)	▪ knowledge gaps in health information		X				X		
Watch Your Step "Parachute"	Tamra Farrow, *Community Health Promotion Network Atlantic*	New Brunswick	▪ home environment ▪ knowledge gaps in falls prevention		X	X			X	X	
Falls Prevention Services – Specialty Rehab Program	Linda Doody, *Dept. of Health and Community Services*	Newfoundland	▪ falls ▪ home exercise, information and equipment to promote safety and independence		X			X	X		
Pro Hip Protectors	Dr. Barry Clarke, *LTC Veteran's Memorial Building*	Nova Scotia (Halifax)	▪ risk for hip injury			X		X		X	

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces*

Name of Program	Contact name & Organization	Description	Evaluation
Choice	Donnie McIntosh, *Good Samaritan Society* Alberta (Edmonton)	CHOICE is a program designed to help meet the challenges of caring for an older individual with long term health needs at home by providing medical, social and supportive services from a single source. The program emphasizes independence, continued community residence, family support and minimal disruption of the person's life and is aimed at those individuals who could not live at home without support.	Under Development
Lakeland Injury Control Project "For Safety's Sake"	Denise Matiushyk, *Lakeland Regional Health Authority* Alberta (Lakeland Regional Health Authority area)	Lakeland SAYGO (Steady As You Go), a fall prevention program for seniors, has placed resources throughout Lakeland Health Region so that Lakeland seniors can continue to take a proactive approach to safety awareness and fall prevention. 106 facilitators have been trained and SAYGO facilitator training manuals, handbooks, and videos have been placed in Health Unit libraries throughout the region, for use by staff or residents who would like to learn about the SAYGO project or get a SAYGO group started. Betty Gray, of the Action for Health, handed the SAYGO project over to the Injury Control Project in October 2000. The team will work with rehabilitation teams, physicians, lodge recreation therapists, senior groups and interested individuals and communities to determine needs and work with older adults to look at strategies to address fall prevention.	None given
Link to Health	Cathy Fornier, *Canadian Red Cross Society* Alberta	In the Link to Health Activity Guide there is a chapter on balance activities as well as a chapter on strength and endurance exercises. In the leader training manual, muscular endurance and balance is a main part of the activity. The recommended time on these activities is 10-15 minutes of a Link to Health Session. The number of sessions per week can vary from 1-3. Over 12 weeks, a Link to Health program might meet from 12 to 36 times. Skill related fitness includes: agility, balance, coordination, speed, power and reaction time. Health related fitness includes: cardiovascular fitness, strength and endurance, flexibility, body composition and freedom from injuries.	Based on the Canadian Red Cross Fun and Fitness program developed in Saskatchewan in 1969, the first program materials were published and leader training became available in certain parts of Canada by 1980. In 1991, as the program came to serve more people, the Red Cross discovered that it needed to expand the program material. In creating the Link to Health program (1997), extensive research on physical activity and aging was accumulated and evaluated by 25 professionals for use in the Link to Health program. Health, physical education, and program experts reviewed the program materials whereupon it went through major upgrading and revisions in 1997 with a revision team comprised of several university professors and fitness experts throughout Canada.

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Medical Equipment Loan (MELS) Services	*Canadian Red Cross Society* Alberta, British Columbia, Manitoba	A low cost, short-term loan service offers a variety of health care equipment to individuals in communities and provides mobility equipment to residents who are recovering in their own homes from illness, injury or surgery. Information is given on the proper use of the equipment. The equipment loaned helps with fall prevention including walkers, crutches, canes, wheelchairs and bath aids (stools and seats).	The Red Cross began the equipment loans program in 1945. Since that time there has been little change in the basic service. The program has been evaluated and updated about every 10 years and is currently being evaluated in several areas to ensure it meets current standards and practices.
Prevention before the Fall	Liza Sunley, *Alberta Centre for Injury Control and Research* Alberta (Edmonton)	None given	None given
Snow Rangers	Anette Jorgensen, *Canadian Red Cross Society* Alberta (Calgary)	Snow Rangers recruits volunteers all year round to shovel sidewalks for seniors and persons with disabilities. The program is offered every time it snows.	Volunteers and seniors or persons with disabilities from all parts of the city are matched. While no strict evaluation has yet been conducted, feedback from seniors matched has been good. We have a waiting list of 200 waiting for a volunteer for this year compared to the first year of operation, where 25 were matched. Program priority is to focus recruitment in communities with a high number of seniors.
Steady As You Go!	Ellie Robson, *Population Health, Capital Health Region* Alberta	Steady As You Go is a cognitive/ behavioral brief intervention, which also includes an environmental focus and is targeted at the reduction of falls of healthy and transitional (between health and frailty) community-dwelling seniors. The program is offered to small groups of seniors by trained senior facilitators who are then supported by a health professional (usually a nurse). Participating seniors attend two 90-minute sessions one month apart. At the first session they receive the Client Handbook and Fitness Video and at this time they begin to identify personal risk factors for falls. Over the intervening month, seniors implement their own strategies to reduce their risks and at the second session they share what they have done. The purpose of the original Steady As You Go (SAYGO) study was to translate successful falls research into a brief, yet effective community intervention and it included a multi-factorial, risk-abatement approach as well as a cognitive-behavioral and environmental focus.	The evaluation design and methods involved a randomized control trial, which was conducted in urban and rural areas with 660 eligible seniors participating. The results were that seniors who completed the program made significant reductions in eight of the nine personal risk factor categories addressed in the program, as measured one month after taking the program. Measured over a four-month period, the intervention group had fewer seniors who fell (17%) when compared to the control group (23%). Using a multivariate logistic regression model, seniors who did not participate in the program were 1.5 times more likely to have a fall than those who did not. Among seniors who had fallen in the year prior to taking the SAYGO program, those in the control group were 2 times more likely to have a fall than those in the treatment group. For this group who had fallen, the intervention group had significantly fewer seniors who fell (20%) when compared to seniors in the control group (33%). The implications of this study are that falls research has now provided enough guidance for the design of a practical and effective fall prevention initiative that could easily be implemented in other communities.

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Steady As You Go!	Jeanne Annett, *Aspen Regional Health Authority* Alberta (Aspen Health Region)	Program strategies include the use of trained peer facilitators who work with groups of seniors in the community and assist participants in learning how to use the program. A guidebook, exercise video, educational sessions and self-monitoring are used. Program objectives are introduced in two 90-minute sessions, one month apart. The first session reviews the risk factors involved in falling. Topics include: paying attention, taking risks, balance, leg strength, footwear, foot care, medication, vision, hazards in and around the home and in the community. Participants also discuss the importance of increasing leg strength and balance for preventing falls and are encouraged to take part in a 20-minute physical exercise program or participate in an organized exercise group. The guidebook helps participants assess risk factors within their home and community. The home video introduces the issues of falling and validates the need for falls prevention. The second part is a program of 20 exercises. Participants are encouraged to continue their learning with the use of these resources on their own for the time between sessions. After one month, they meet again for the purpose of sharing their experiences of what they have learned and how they have been able to reduce their risks of falling.	No formal evaluation has been conducted to determine the effectiveness of this program in reducing fall-related injuries in our health region. Although recent local statistics do indicate a slight reduction in fall-related injuries with this target group, we are reluctant to make hasty assumptions especially since we have only reached 3% of the older adults in this region. The experience of using this program in the Aspen region has been documented in a study with the use of a 4-step model of dissemination and quantitative evaluations are included.
Steady As You Go!	Sheryl Jackson, *Regional Public Health, David Thompson Health Region* Alberta (David Thomson Health Region)	Designed for seniors living in the community at home or in a senior's complex. It is offered in 2 segments and each segment is approximately 2 hours. It is given to seniors by seniors. There is an expectation that the senior can do their own assessment of their environment and then is responsible to exercise according to the exercise video that is available for purchase. If the senior is frail, the assessment is done by a health care professional. The volunteer seniors that present the program have a training period provided by a professional. This program was developed in Edmonton and is used extensively throughout the province.	There has been a program evaluation. A randomized control trial was conducted in 1996/97. There was not a significant difference in fall rates at the time of the evaluation but there was a significant reduction in 'risks' for falls, which was demonstrated to be sustained.

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Steady As You Go!	Kathy Roth, *Chinook Health Region* Alberta (Lethbridge)	Program strategies include the use of trained peer facilitators who work with groups of seniors in the community and assist participants in learning how to use the program. A guidebook, exercise video, educational sessions and self-monitoring are used. The objectives are introduced in two 90-minute sessions, one month apart. The first session reviews the risk factors involved in falling. Topics include: paying attention, taking risks, balance, leg strength, footwear, foot care, medication, vision, hazards in and around the home and in the community. Participants also discuss the importance of increasing leg strength and balance for preventing falls and are encouraged to take part in a 20-minute physical exercise program or participate in an organized exercise group. The guidebook helps participants do assessments of risk factors within their home and community. The home video introduces the issues of falling and validates the need for falls prevention. The second part is a program of 20 exercises. Participants are encouraged to continue their learning with the use of these resources on their own for the time between sessions. After one month, they meet again for the purpose of sharing their experiences of what they have learned and how they have been able to reduce their risks of falling.	No formal evaluation has been conducted to determine the effectiveness of this program in reducing fall-related injuries in our health region. Although recent local statistics do indicate a slight reduction in fall-related injuries with this target group, we are reluctant to make hasty assumptions especially since we have only reached 3% of the older adults in this region. The experience of using this program in the Aspen region has been studied with the use of a 4-step model of dissemination. Quantitative evaluations are included in this paper.
Adult Injury Management Network (AIMNet)	Elaine Gallagher & Victoria Scott *University of Victoria* British Columbia	AIMNet was formed to forge partnerships and links across the province. It brought together representatives from organizations serving seniors and persons with disabilities, health care practitioners, aboriginal people, local and provincial government personnel, educators, and researchers. The strategic actions for AIMNet included: coalition building and networking; community development; communication, consultation and education; reaching to Canada and beyond; research proposals and projects.	An external evaluator was retained in order to determine the impact that AIMNet had on community and organizational activities to reduce seniors injuries. Qualitative interviews were conducted with key informants and they were transcribed and analyzed. For themes and sub-themes. Seven themes emerged including: networking, community development, communication (including consultation and education), reaching out beyond the network, creating new knowledge through research, impacting on seniors and other perceived benefits.
Fall Prevention Program	Deborah Peck & Caroline Dunford, *North Peace CHSS & North Peace CHC* British Columbia (Fort St. John)	Combination of 'Steady as You Go' booklet, 'First Step' booklet and local resources, used. Sessions run for 1/ ½ hours and includes a variety of speakers, equipment demonstrations and a fitness/balance video.	None given
Kamloops First Step Program	Joan Wilson, *Kamloops Fall Prevention Network* British Columbia (Kamloops)	Burnaby First Step Booklet was reorganized to meet the needs of Kamloops seniors, with the help of a student nurse from University of Cariboo College. Volunteers from a retired firefighters group were involved in dispensing the booklet at flu clinics, seniors centers and seniors housing complexes throughout Kamloops. This booklet is also being used in the hospital ER department.	None given

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
NOHR Community Interventions to Reduce Falls and Fractures among Seniors	G. Dewey Evans *North Okanagan Health Region* British Columbia (Vernon, Salmon Arm, Enderby, Armstrong, Revelstoke)	The interventions are being developed with local health authorities and community groups.	Outcome measure is reduced number/rate per 10,000 of hospitalized falls and hip fracture.
Safe Step Prevention Program	Lynn Cregg-Guinan, *Osteoporosis Society* British Columbia (Vancouver, Victoria)	This partnership project targets seniors susceptible to falls and employs strategies to reduce the risk of falling and decrease the incidence of fractures, disabilities, deaths and other related impacts. The one-hour workshops based on the "train the trainer' models are delivered where seniors congregate.	None given
Short term Assessment and Treatment Centre, Vancouver General Hospital	Jenny Elliot, *Day Unit, Vancouver General Hospital* British Columbia (Vancouver General Hospital, BC STAT Centre)	Small groups of clients attend health education sessions. The physiotherapist provides information on fall risk factors present in individual clients. The objective is to facilitate the cooperation of individual clients with the interdisciplinary team in alleviating the risk factors and teaching clients how to cope with their problems. The sessions are approximately 50 minutes. Only a small percentage of clients attend the sessions but all clients are treated by the appropriate discipline to deal with risk factors. Clients attend the Day Unit twice weekly for three months (average).	Funding has been secured to research the reliability of a tool to assess fall risk, which has been developed by the physiotherapist. The STAT Centre is 'Evaluated" on a regular basis by Quality Improvement Committees and the accreditation process.
Steady as you Go!	Esther Brisch, *North West Health Unit* British Columbia (Telkwa, Houston, Kitimat)	None given	None given
The First Step: Fall Prevention Starts with You!	Tom MacLeod, *Northern Interior Regional Health Board* British Columbia (Prince George)	Self-assessment tool provided to enable seniors to identify risks and suggest ways to address them.	Based on Burnaby booklet, evaluated by BC Injury Research

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
The First Step: Fall Prevention Starts with You!	Myrtle Linden, *Burnaby Coalition to Prevent Falls* British Columbia (Vancouver, Duncan)	The program consists of a self-assessment and self-empowerment booklet for seniors to take control over their risks for falling. Educational sessions are given wherever seniors and their caregivers can be found. The formal sessions are given at the request of any senior or group that wishes to learn about fall prevention. A train-the-trainer draft model for delivery assists in the dissemination of information (to relieve the chair who has been the sole deliverer of formal sessions). It is envisioned that the Coalition will offer a half-day workshop to individuals willing to participate in this model. A workshop for instructors who work in the area of fitness for seniors is being developed so that they will be able to include the needed information in their courses. Simon Fraser Health Region is working on building a coalition and then efforts will be made to implement a region-wide fall prevention strategy.	The B.C. Injury Research and Prevention Unit in collaboration with the Burnaby Coalition evaluated the coalition process and the use of the *First Step* booklet. A focus group of six members of the coalition that developed the program found the following strengths; a broad spectrum of representation from the community, commitment to a common goal, sharing the workload, and setting specific timelines for activities and events. Challenges identified included; a lack of funding and time, finding direction and focus, and keeping the coalition process active after completion of the main task. Telephone interviews were conducted with two groups of seniors: those who requested the booklet by mail and those who attended the half-day launch event. In-person interviews conducted with the seniors attending group presentations revealed that respondents were highly satisfied with the readability of the booklet, the wording and the layout as well as with the overall booklet. Ninety-six per cent of participants reported reading the booklet, 65% used the booklet to identify their major risk factors for falls, 11% of participants used the list of organizations and contacts and 40% of participants made changes to their environment or behaviour.
Community Services for Seniors, Primary Health Program, Seniors Health Resource Team	Sonja Lundstrom, *Winnipeg Regional Health Authority* Manitoba (Winnipeg)	To enable seniors to live independently in a health-conducive community by providing primary health care, health promotion, illness and injury prevention and disability postponement for optimum quality of life. A registered nurse and an occupational therapist provide these services. Targeted individuals are aged 55+ living in 5 apartment blocks in the River East area, 55+ individuals who are members of Good Neighbours Seniors Centre and members of the community at large. Outcomes include; increased appropriate use of medication, appropriate use of mobility aides, use of home management strategies related to presenting issue; improved building and community physical environment to address the issues of instrumental activities of daily living; improved and maintained physical and mental capacities through health promotion strategies.	We are in the process of doing chart audits and collecting the data from our computer entries. We hope this will completed by the end of November with a report by December/January
Fall Prevention Week Resource Kit	William Osei, *Coalition for Fall Prevention Among Seniors,* Saskatchewan.	The coalition planned a provincial Fall Prevention Week held Nov. 6-12, 2000. A resource kit of materials for use by health districts and other stakeholders included a list of suggested activities to plan for the week, a fall fact sheet, risk assessment clinic information, order forms for fall prevention video, sample presentation on falls and a fall prevention checklist.	An evaluation form was included regarding the resource kit and those received had positive feedback.

Table 3a: DESCRIPTION AND EVALUATION: *Western Canadian Provinces* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Safe Communities - Seniors Fall Prevention	Leslie Rea- Winichuk & Sarah Nixon-Jackle, *Saskatoon District Health - Public Health Services* Saskatchewan (Saskatoon)	Public health nurses in the Older Adult program provide an hour education session to groups of seniors in the community. The objectives of the sessions are to: become aware of the causes of falls; learn tips and checks to remove avoidable hazards for ourselves and our environment; learn of local resources to support or assist to reduce/eliminate risks. Written resources are provided to participants.	None given

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories*

Name of Program	Contact name & Organization	Description	Evaluation
Christmas Gift Package	Marnie Garrett, *Lambton Health Unit* Ontario (Sarnia)	The focus of the Christmas Gift Package program is a bright red pail fitted partially with sand and scoop to use outside the front/ back door to deal with icy steps and walkways. As well, flashlight and batteries, advanced foot care program coupons, Meals on Wheels coupon, Health Heart pins, CMHC home safety assessment guide, "Living it Up" – a Lambton County Activity Guide, candy, eau de toilette samples, pickle pickers, lid grabbers and pamphlets advertising seniors' associations' handyman services are included and packaged festively. Fifty packages were created for a cost of $10 each. The intent is for these to be purchased for the older adult for use in their homes.	None given
Developing a Community-Based Education Program for Older Persons	Brian J. Gleberzon, *Canadian Memorial Chiropractic College* Ontario (12 sites)	To help dispel any myths older persons may have about osteo-arthritis and osteoporosis and about the chiropractic approach to care, and to suggest ways to safety-proof a person's home, slides, anatomical models and handouts are used by 7 chiropractic interns in various senior's centers. There is also a discussion on exercise, nutrition.	None given
Don't Fall in the Fall	Kathy Nesbitt, *The Elgin Safety Team for Adults.* Ontario (Elgin)	Half-day workshops for community dwelling seniors highlighting different risk factors through skits, presentations, etc. Resources used are: "You Can Prevent Falls" flipchart, brochures, placemats and displays adapted from Brant Co. We also use the Safe Living Guide for Seniors, Physical Activity Guide for Older Adults and Knowledge is the Best Medicine.	None given
Education/Early Intervention Program-Falls Prevention Session	Sonja Habjan, *Sister Margaret Smith Centre.* Ontario (Thunder Bay)	The Education/Early Intervention program consists of 7 sessions (one of them being Falls Prevention Session) using a multi-disciplinary approach and designed for presentation in a community where seniors live or congregate. Each session is targeted toward adults over the age of 55, and their care providers. The length of the sessions is between 45 to 60 minutes, with another half hour for conversations with individual participants if needed. After each session, the participants are given written education material.	Because it is a new program limited evaluation is being conducted. Evaluation by seniors who participated in the program: 87% felt the content of the session was "very good" or "good", 90% felt the style of the session was "very good" or "good", 84% felt the usefulness of the session was "very good" or "good", 64% of participants indicated they will make some changes in their behavior because of the information they learned.

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Fall Prevention Program	Grace Castro-Nolet & Jane Stewart-Gray, *SCO Geriatric Day Hospital.* Ontario (Ottawa)	Hosts a 35- member fall prevention coalition. Provides fall prevention education sessions and displays (English and Chinese) for groups of seniors and health professionals, fall prevention clinics for seniors in apartment buildings and community settings, fact sheets, resources, newsletter inserts for health professionals and seniors in English, Chinese, and Italian, personal consultation and education and advocacy for safe environments, home visits referred by health professionals. Develops policies and education e.g. training for caregivers and home support workers on a home exercise program to prevent falls for their clients/family members.	Monitoring of Incidence: a periodic analysis of the incidence, impact and health care resource usage is drafted and widely distributed to key health care planners, funding bodies and agency leaders. Highlights of the coalition's activities over the past five years include distribution of a simple, self-administered risk assessment tool (translated into English, Chinese and Italian) to over 29,000 seniors and their caregivers. Group education sessions have reached over 10,000 seniors. There have been 40 media campaigns. One-on-one counseling has been provided to 600 seniors by public health nurses during falls clinics and at follow-up visits. Annual newsletters are distributed to 1,500-3,000 care providers and physicians, highlighting the latest research findings on falls prevention. A directory of "Falls Prevention and Rehabilitation Resources" was distributed to over 800 providers. A workshop, "Strategies for Falls Prevention", drew representatives from over 50% of all long term care facilities in York Region. Public health nurses have worked with individuals, seniors, and groups to advocate for safer sidewalks in Markham, longer lights and crosswalks in Newmarket, improved sidewalk clearing and repair. York Region Community Coalition members and The Centre for Activity and Aging were involved with organizing and delivering home support exercise program workshops for groups of homemakers in York Region during the fall of 1998 and the winter of 1999. Over 250 workers have received the training and can provide this program to their clients.
Fall Prevention Program	Ginette Asselin, *Region of Ottawa-Carleton.* Ontario (Ottawa-Carleton)	Components of the program include awareness activities and planning social marketing strategies. The theme identified by seniors is " Cherish Your Independence -- For Seniors A Fall Can Take It Away". The following resources were developed on the risk factors for falls and areas of intervention: ▪ a *Senior's Guide to Preventing Falls* (booklet), ▪ fact sheets available in English, French, Chinese, Vietnamese and Italian, ▪ three pamphlets (*Are you at risk? Tips to Relax, Puzzled about a Gift for Seniors?)* Additional awareness strategies include submission of articles to various seniors and community newspapers, presentations to community groups, and displays at community events. Fall prevention clinics are held in locations where there is a higher concentration of frail/high-risk seniors. Seniors identified at risk for falls are offered a home visit. Fall prevention workshop and presentations were designed for health professionals and service providers. They include information on risk factors and areas of intervention.	None given

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Fall Prevention Program	Sandra Vessel, *Injury and Substance Abuse Prevention Team, York Region Health Services Dept.* Ontario (Newmarket, Aurora, King, Vaughan, Georgina, East Gwillimbury, Whitchurch, Richmond Hill, Markham)	Clients are selected from those already attending day hospital who have a Folstein Score of 24/30 or above. Services provided include: pre & post measures; home visit using Westmead home safety assessment; exercise program taken from Canadian Centre for Activity and Aging; personal risk factors identified; medications reviewed; education series including, 'How to get up from a Fall'; benefit of exercise and risk factors; follow-up at 3 and 6 months.	Berg balance scale, timed up-and-go, sit-to-stand, 6-minute walk, program evaluation questionnaire, number of home modifications identified, change in personal risk factors.
Fort Frances Senior's Coalition	Dorothy Poperchny, *Northwestern Health Unit.* Ontario (Fort Frances)	Fall prevention is part of the integrated senior's program series.	Ten seniors signed up for exercise program. 54% of respondents found out about a service/resource in the community that they previously did not know about.
Healthy Aging & Adult Wellness Falls/Prevention	Colleen Stahlbrand, *Hamilton-Wentworth Social and Public Health Services Division.* Ontario (Hamilton, Hamilton Wentworth)	Public health nurses provide: group education aiming at risk-reduction and healthy lifestyle choices through educational drama, displays, presentations, health and safety fairs; liaison as key resource to community leaders, health care and service providers, staff of senior and recreational facilities; co-ordination and support for volunteers in their work; for community groups in their efforts to promote, maintain and improve health; advocacy for equal access and reduced barriers to health information and service i.e. community audit for safer streets; in partnership with the community, support for policy change to make our communities healthier and safer; collaboration with partners and participation in coalitions for research, resources and program development, i.e. Central West Coalition of Health Depts., Seniors Safety Committee (local, multidisciplinary).	Individual programs evaluated on an ongoing basis
Home Healthcare Equipment Services (HHES)	*Canadian Red Cross Society* Ontario	A low cost, short-term loan service offers a variety of health care equipment to individuals in communities and provides mobility equipment to residents who are recovering in their own homes from illness, injury or surgery. Information is given on the proper use of the equipment. The equipment loaned helps with fall prevention including walkers, crutches, canes, wheelchairs and bath aids (stools and seats).	The Red Cross began the equipment loans program in 1945. Since that time there has been little change in the basic service. The program has been evaluated and updated about every 10 years and is currently being evaluated in several areas to ensure it meets current standards and practices.
Home Safe Home Road Show: Injury Prevention for Seniors in the	Elsie Petch & Elizabeth Smith *South Riverdale Community Health*	The Home Safe Home-Road Show (HSH-RS) is a unique seniors injury prevention project located principally in the South Riverdale Community of East Toronto. The goal of the project is to enhance and maintain the health and independence of the well elderly	The HSH-RS Project is a model for health promotion and injury prevention in the senior population, and a strategy which can easily be transferred to different community groups and populations. It is evident that the main focus of this project is to improve life

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Community	*Centre* Ontario (Toronto)	population in the community, through an innovative and respectful educational approach to injury prevention. The challenge of the HSH-RS was to develop injury prevention approaches and messages, which would reach the largest population possible with particular emphasis on a multi-cultural urban population. It recognizes the importance of senior health promotion and preventive strategies to ensure a healthy future for the elderly.	satisfaction of the elderly, and in turn increase the seniors' sense of quality of life. It is strong in emphasizing personal risk assessment. A key area of the project was home safety, strategies for which were discussed by staff and participants for making minor home repairs and adjustments. The project encouraged its participants to increase their awareness of risk in everyday activities. It was successful in encouraging the participants to spread safety information to others.
Home Support Exercise Program	Nancy Ecclestone, *Canadian Centre for Activity & Aging.* Ontario	This is a 4-hour workshop for home support workers, volunteers and family caregivers. Participants learn the skills to assist family and homebound seniors in doing physical activity while they are in the home. This program was developed by: The Centre for Activity & Aging, in London, Ontario. This is one of many relevant programs described on their web site: http://www.uwo.ca/actage/	Participants of the workshop felt they had learned a lot of very useful information and that the manuals will help them in their work. The developer evaluated the program extensively. I have used it in a senior's apartment building and assessed the progress of participants. There was an improvement in balance, flexibility and muscle strength after 3 months.
Home Support Exercise Program	Etheleen Porter Brysch, *Thunder Bay District Health Unit.* Ontario (Thunder Bay)	The Home Support Exercise Program (HSEP) was developed by the Canadian Centre for Activity and Aging in 1996. It is comprised of 10 simple yet progressive exercises designed to enable frail, homebound older adults to maintain or improve their functional mobility and independence. Training resources, including a facilitator guide, resource manual, picture package and video, have been developed along with a HSEP workshop and training program for the trainer. Collaborative work has already begun in order to develop a model program for implementation of the HSEP and dissemination of the program across the province. The HSEP has been pilot-tested through a volunteer visitor network. The Centre will continue to investigate this mode of delivery, along with the delivery of the program through informal caregivers such as family or friends.	The HSEP pilot was completed in 1998 to evaluate the effectiveness of the program through formal support service providers (Community Care Access Centers and home care agencies). Development and formative evaluation was conducted and published in the Journal of Aging and Physical Activity. A controlled research project has been conducted (1998-2000) to further evaluate the effectiveness of the program in enhancing and maintaining client mobility and independence, and to investigate the feasibility of delivery of the program through a home care network. Client assessment took place in homes before and after the 16-week intervention. Home support workers were trained to provide ongoing motivation and support to their clients during their weekly home care visits. Data collection has been completed and analysis is in progress. Preliminary results suggest that the HSEP is beneficial in improving client physical and psychological well-being, as compared to non-exercising control clients. The program can be successfully implemented through the home care network. Based on falls statistics, the HSEP has potential as a fall prevention strategy.
Injury Prevention Including Substance Abuse Prevention Program	Lorraine A. Cass, *Population Health Service, Public Health Branch, Ontario Ministry of Health and LTC.* Ontario (37 Health units)	To reduce the rate of fall-related injuries by 20% in the elderly, aged 65 or more, that lead to hospitalization or death by the year 2010. To develop, maintain membership, and actively participate in a community injury prevention coalition and substance abuse prevention coalition. To promote and provide on an annual basis, educational information and activities on three of the topics identified. Provide at least one community-wide education campaign annually. The campaign must use three of the following: television, radio, newspapers, posters/pamphlets and the Internet.	No formal evaluation of this program has been done by the Public Health Branch. However, all 37 health units provide information on Mandatory Program Indicators to the Branch on a yearly basis.

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Living it Up	Marnie Garrett, *Lambton Health Unit.* Ontario (Sarnia)	A free simple-to-use booklet outlining alphabetically all activities offered in Lambton County, complete with telephone number and name of contact person.	None given
Markham Stouffville Rehabilitation Program	Tina Healey, *Marhkam Stouville Day Hospital.* Ontario (Markham)	The hospital runs a falls clinic once a week through our out- patient day hospital rehabilitation program. A nurse sees the patient for 30 minutes, a physiotherapist for 45 minutes and then the geriatrician for 45 minutes. Recommendations are made, such as using appropriate walking aides, having physiotherapy, or medication adjustment. The entire assessment is covered by OHIP and is funded by the hospital's operating budget.	None given
May Home Improvement Sale	Marnie Garrett, *Lambton Health Unit.* Ontario (Sarnia)	During the month of May, 13 retailers offer a discount on home improvement items related to safety, i.e., grab bars, stair nails, tub guards, floor repair items, night-lights, 2-way tape. The sale is extensively advertised through radio and print media. A draw for a home safety evaluation and $100 worth of repairs done by Handy Man Services of the Lambton Seniors Association was a new feature during May 2000 (the second event).	None given
North York Coalition for Seniors' Falls Prevention	Mary Jane Hurley, *Sunnybrook & Women's College Health Sciences Centre.* Ontario (North York)	The North York Coalition developed and produced a Falls Prevention Guide, which we are distributing to as many seniors as possible. The guide is also now available on a web site for easier access by health professionals and others.	None given

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Older and Wiser Safety Awareness Coalition	Beth Peterkin, *Older and Wiser Safety Awareness Coalition.* Ontario	To enhance the lives of older persons in five key areas of concern: 1. Independence: give support to enable seniors to remain at home as long as possible. 2. Participation: for seniors to maintain an active role in decision-making and communication within the community. 3. Care: to ensure that seniors receive enhanced personal care, whether it be at home or in a treatment center. 4. Self-Fulfillment: allow seniors the opportunity to learn and grow in all areas. 5. Dignity: to ensure that seniors receive the utmost respect and dignity. This program began as a fire safety initiative and quickly expanded to include other safety issues. Focus groups held with seniors' groups actually identified home safety and telephone scams as their main areas of concern. Accomplishments to date include: increased awareness in the general public of potential dangers to seniors living independently; education of seniors who are living independently about how to be safer in their homes; development and distribution of the Older and Wiser Safety Binder; free distribution and installation during the first year of over 100 needed smoke alarms in seniors' homes with regular battery checks and replacement during home visits; 300 safety placemats have been delivered to seniors living independently, partnerships were developed with over 40 community groups and organizations which further strengthened the promotion of seniors' safety; service providers completed a safety checklist on each home visit. This program is being expanded through the production of 200,000 decks of playing cards with safety messages. The Ontario Fire Marshal's Public Safety Council is working with the coalition by assisting with card distribution to seniors across the Province of Ontario.	Evaluation of this program is still it its infancy. The safety checklist completed by home care workers are being repeated at 6 to 12 month intervals in order to measure a change in attitudes and behaviors with regards to home safety. Subjective reports received to date indicate a high level of satisfaction with the program and a willingness for continued involvement
Public Awareness Campaign. Avoiding Trips, Slips and Broken Hips	Etheleen Porter Brysch, *Thunder Bay District Health Unit.* Ontario (Thunder Bay)	Video on falls prevention shown on cable television, articles in newspaper. Presentations are given to seniors, caregivers and volunteers. Display development and distribution of Seniors Home Safety Kits. A fall prevention coalition was developed.	Project still in progress, however requests for the kits are a positive sign. We are using the Logic Model for evaluation and will look at process as well as outcome.

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Safe Step	Shirley Albinson, *Kingston, Frontenac, Lennox & Addington Falls Prevention Coalition.* Ontario (Kingston)	Complementary strategies include: newspaper articles; health talks on local television station; displays on fall prevention at seniors health fairs and malls; Positive Steps Fall Prevention and Exercise Program promoted to seniors living in geared-to-income housing; Steady As You Go Falls Prevention Program was implemented in 5 senior housing complexes. Partnerships with the College of Nursing and College of Kinesiology assisted the implementation of the exercise programs in seniors housing facilities. Safe use of medication, education presentations are presented on separate occasions to groups who receive fall prevention education.	A progress evaluation was done in the Step Safe project. Surveys done by the local radio station, CKWS, have shown that they reach 264,748 people between Napanee and Kingston, minimum of once a week. Of those reached 52% are male and 49% are female. For National Seniors Week the four commercials were shown 90 times.
Seniors Med-Safe Program	Donna Basler *Public Health Nurses, Regional Public Health Dept.* Ontario (Central West)	A Medication Record Booklet (MRB) and computer-generated printout enhance the drug prescribing system. Computer software allows pharmacists to include the directions for use of prescription and over-the-counter medication on the drug profile. By routinely placing the current computer-generated drug profile in the MRB, pharmacists provide seniors with a tool that they can use with confidence to transmit vital information to health care professionals. Requesting the MRB at each medical appointment, facilitates regular medication review and encourages the active participation of seniors in their health care. The combined effort of all community partners to promote the use of the MRB should sustain its use among seniors. This community-based strategy should reduce fall-related injuries and hospitalizations where medication use is a risk factor.	To date, one community has been evaluated and several more communities are in the evaluation process at this time. The goal of evaluating the Medication Record Program in Port Colborne was to determine the level of community awareness six months after the program's launch. Three evaluation approaches were used consisting of 1) a respondent survey (n=113 seniors age >65); 2) in-depth telephone interviews with seniors (n=8); and, 3) physician questionnaires (n=4). The most substantial data set was the respondent survey, which took place on Seniors' Day in each of the 4 pharmacies. Of the seniors surveyed in the pharmacies (n=113), 88.5% were taking prescription medications and 51% indicated knowing about the MRB. Thus, the goal of awareness of the MRB was achieved. Of the seniors surveyed, 36% had the MRB. Thirty-six per cent of seniors surveyed were found to be taking 4 or more prescription medications. A direct correlation was found between the number of medications a senior was taking and the use of the MRB. There was also an in-depth qualitative telephone interview and evaluation of physician responses.
Sunnybrook Falls Prevention Program	Susan Maddock & Sue Gal. *Sunnybrook and Woman's HSC .* Ontario (Toronto)	The Falls Prevention Program combines an exercise intervention and educational component with the aim of preventing falls in community-dwelling seniors. Participants attend twice weekly for six weeks for 45 minutes of exercise. The exercise circuit consists of seven, 5-minutes stations including: stationary bicycles, quads, over a roll, various balance exercises, the parallel bars with and without a step, sit-to-stand from a chair using proper technique, bridging, and gait training (including how to turn safely). We also briefly ran a chair exercise program consisting of sitting and standing exercises, but for our population and environment, we preferred the circuit. The educational component consists of a home safety discussion/lecture with an OT, instruction on a home exercise program (balance exercises), and learning how to get up	Injury and social isolation resulting from a fall, present major health issues for elderly persons. This project was developed to evaluate a program aimed at improving gait and balance in order to decrease the incidence of falls. The main component of the intervention is exercise. Subjects were 51 seniors over the age of 65, living in the community, with a history of falls or near falls, and the ability to walk 60 meters. Participants completed a 45-minute exercise circuit, twice a week for 6 weeks. An OT conducted one home safety educational session. Outcome measures included the Berg Balance and Tinetti Gait Scales, which were tested before and after the intervention and again three months later. The Falls Efficacy Scale was used for the first 19 subjects and then abandoned. Falls were monitored by subjective report. Clients

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
		from the floor. Clients who live alone are given information on lifeline. Before each session clients are asked if they have had a fall or a near-fall and the group discusses strategies to prevent falls.	also completed satisfaction questionnaires. Improvements in Berg scores were statistically significant with an average increase of 5 points.(C.I.=3.66-6.09, p=.001). Tinetti Gait scores improved by an average of 1.09 (C.I.=0.59-1.58, p=.001). Analysis of the Falls Efficacy Scale did not demonstrate any significant results or trends. Subjects reported less falls during the intervention and at follow-up, and subjectively felt that they benefited from the program. Attendance was excellent and feedback on the satisfaction questionnaire was very positive. There are conflicting results in the literature, regarding the effect exercise has on falls. There is growing evidence that exercise does play an important role in falls prevention in seniors, however, relatively few programs in the community include an exercise component. Our evaluation suggests that our protocol resulted in several beneficial outcomes, and exercise can play an important role in falls prevention.
The Power Program	Rosslyn Bentley, *Baycrest Centre for Geriatric Care, North York General Hosp., Yee Hong Centre for Geriatric care.* Ontario	POWER is a program of education, nutrition and exercise geared to the needs of the older adult. The program was devised through a multi-disciplinary planning team drawn from the partner organizations, Baycrest Centre for Geriatric Care, North York General Hospital, Yee Hong Centre for Geriatric Care and Toronto Public Health. This partnership has provided the following benefits: a greater pool of expertise to develop the teaching material; more clients reached over a great geographical area; opportunities to be more culturally sensitive with delivery of a program in Chinese. networking and cross-organizational peer support provided; and increased opportunities for collaborative resource use and research. The program is aimed at seniors who are living in the community with a diagnosis of osteoporosis who have not yet been educated about their condition and who have not yet achieved life-style changes that might make a difference to their quality of life. It is taught over 7 weeks, and consists of three elements: education, exercise and nutrition.	None given
You Can Prevent Falls	Kathryn Nesbitt, *Elgin Health Unit.* Ontario (Elgin - St Thomas Health Region)	Half-day workshops for community-dwelling seniors highlighting different risk factors through skits, presentations, etc.. Resources used are: *You Can Prevent Falls*, flipchart, brochures, placemats and displays adapted from Brant Co.. We also use the *Safe Living Guide for Seniors, Physical Activity Guide for Older Adults* and *Knowledge is the Best Medicine.*	None given

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Index of Available Documentation and Resources for the Prevention of Falls of the Elderly in their homes (documentation published in 1999).	Charles Lemieux, Québec *Public Health Department, Gaspé Peninsula and Madeleine Islands.* Québec	This index lists available documentation and resources for the prevention of falls for the elderly living in their own homes. Each listing is done according to type (guide, poster, video, study, games, education, etc.), and relevant risk factors (physical activities, nutrition, safety measures in the home, etc.). The documentation lists the author, year of publication, cost and how to obtain it. The index enables one to quickly find desired documentation or resources.	None given
PIED Program Enriched Physical Exercise Program	Yvonne Robitaille & Francine Trickey, *Montreal Regional Public Health Dept.* Québec (Montreal).	The first edition of P.I.E.D. is offered to groups of 15 seniors, 3 times a week: • Group exercises (2X60 minutes a week) target the physical components of balance and leg strength (muscle strengthening, routines, etc). • Tai Chi (1X60 minutes a week) use some of Taoist Tai Chi movements or the Tai Chi developed in the FICSIT study (Wolf et al., 1996). • Group discussions (6 meetings). The next edition of P.I.E.D. will include strategies targeting bone mass maintenance, medication management and maintenance of gains in balance and strength. The intervention components will include : • group exercises (2X60 minutes a week); • home exercise training (once a week); and, • group discussions (10 meetings).	In 1996, the Montreal Regional Public Health Department tested the program. The objectives of the quasi-experimental study were: to describe the population reached by the program; to measure participant satisfaction; and, to measure the impact of the program on targeted fall risks. Members of the experimental group (n=30) were independent seniors aged 60 to 70 (80% women) who had fallen in the previous year. Subjects in the control group (n=20) had the same characteristics but were from a different neighbourhood. Overall participation rate was 72%, including three dropouts. Participants and session leaders alike expressed a high degree of satisfaction with all aspects of the program. Subjects in the experimental group demonstrated improvement on 4/5 balance tests compared to controls. Two of these tests were statistically significant. For 7/10 computerized balance tests, relative improvement was higher for the experimental group (non-significant result). By the end of the program, participants showed better knowledge of risk factors and reported more safe behaviours than subjects in the control group.
Pilot Project for the Prevention of Falls among the Elderly residing in the Community	Denise Gagne, *Québec Public Health Department and CLSC* in two territories of the region.	Pilot project of multifactorial interventions and plan of individual intervention following from the recognized risk factors. The clients are people aged 65+ at risk, from the two territories of the CLSC. The objectives are: • To reduce the incidence of falls • To reduce emergency visits and hospitalizations • To reduce hip fracture • To reduce secondary mortality resulting from falls	None given

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
Regional Pilot-Project for the Prevention of Falls of the Elderly in their homes. For implementation in the CSLCs.	Claude Bégin, *Public Health Department, Regional Health and Social Services Office of Lanaudière* (Region of Lanaudiere).	The project will be implemented within the services offered by the CLSC to keep the elderly in their own homes in the region of Lanaudière. The target population using these services is 55 years of age and older, divided into two groups. Group 1 includes users between the ages 55-64; this group receives information on the prevention of falls in the home (1 leaflet) and on the inappropriate use of drugs (1 leaflet). Group 2 includes users aged 65 and older. These users are selected according to their degree of autonomy (semi-ambulatory) and admission conditions. They also receive two leaflets. The users of group 2 admissible to the project are invited to participate on a volunteer basis. Upon tneir acceptance an assessment of the risk factors is made and a list of recommendations is given to them. The CSLC and the Public Health Department will continue the follow-up care of the participants for three years.	No evaluation has been made. The project is being elaborated (pre-implementation). An evaluation will be made about the implementation proceedings and the results of the risk factors.
Safety Installations in the Bathrooms of the Elderly	Daniel Gagne, *Regional Health & Social Services Department for the Abitibi-Témiscamingue Region, Public Health Management.* (Rouyn-Noranda)	A video describing safety measures for the bathroom especially designed for the children (45-55) of the elderly to heighten their awareness of safety measures for the prevention of falls experienced by their parents.	None given
Safety in the Bathroom: Sensitizing Guide Concerning the Installation, the Handling and the Maintenance of Safety Measures for the Elderly Residing at Home (published in 2000)	Charles Lemieux, Québec province	The Guide covers safety measures for the bathroom with a focus on the prevention of falls. It lists the possible fall risks, a description of measures to be taken in bathroom installations (availability of equipment, such as grab bars), the behaviour of the elderly when taking a bath and the maintenance of a safe bathroom. Additional teaching aids enable the instructors to propose and assess the following sensitizing activities for the elderly: • a description of the equipment and resources available for the elderly; • a list of modifications in the installation, behaviour and upkeep; • suggestions for games/exchanges/lectures.	Prior to its wide distribution, the Guide was assessed by the staff of the CSLC Mer et Montagnes and by 4 groups of seniors residing in the Gaspé region. Two groups belonged to seniors' clubs and two groups belonged to a day-care centre for seniors with mobility problems (36 persons altogether). The seniors participated in sensitizing activities consisting of a talk only, or of a talk followed by games. The effectiveness of these activities has not yet been assessed. The results have, however, enabled us to show that the different sections of the Guide were pertinent, that the presentation was appropriate and that the Guide could be widely diffused. The participants declared satisfaction with the contents. Following the activities, 94% of the participants declared to have learned something new, 71% intended to modify the installation of their bathroom and 86% intended to modify their behaviour. The day-care participants enjoyed the sensitizing activities more than the those in the seniors' clubs; they learned more and intend to modify their bathrooms and to modify their behaviour. The talks followed by games were more profitable than the activities consisting of a talk only.

Table 3b: DESCRIPTION AND EVALUATION: *Central & Northern Canadian Provinces & Territories* (con't)

Name of Program	Contact name & Organization	Description	Evaluation
The Problem of Falls Outside the Home	Helene Bélanger-Bonneau, *Québec Territory of Health Emergencies* (Montreal Island and Jesus Island).	The context: The problem of falls outside the home has hardly been studied and there are no data available for the Province of Québec (except for limited data provided by a pilot project). Falls outside the home are not classified as such in the international classification CIMA-9. Importance of falls outside the home: The extent of the problem of falls outside the home has not been defined. According to some studies the extent of falls outside the home varies from 40% to 56%, or to 70%. Climatic conditions seem to influence the number of falls. Definition of a fall outside the home: falls outside the home have been outlined according to the definitions of the Kellog international Work Group, 1987, to which some elements were added to adapt their definition to our project. The definition of falls outside the home includes the following elements: ▪ A fall can occur in an urban environment, a garden, a park, in the street (sidewalk and road), in an outdoor parking lot or on an external staircase; and, ▪ The fall does not occur in a home, in the workplace, in an institution or a shopping mall.	The evaluation's main objective was to conduct a feasibility study of the pilot project, by identifying the degree to which the program has been realized in its various sectors, including: ▪ detection of incidence (use of chart); ▪ plan of intervention (degree of achievement of planned objectives); ▪ intervention (proportion of recommendations followed by the persons, the network and the attending physicians); and, ▪ identification if the offer of services corresponds to the demand.

Table 3c: DESCRIPTION AND EVALUATION: *Atlantic Canadian Provinces*

Name of Program	Contact name & Organization	Description	Evaluation
Healthy Active Living Program for Older Adults	T. Farrow (English) & Margaret Richard (French), *Provincial coordinators* New Brunswick	The Healthy Active Living Program for Older Adults is a community-based fully bilingual program that has been successfully operating since 1993 throughout the Province of New Brunswick. Designed and delivered 'for seniors by seniors' and through health education, personal empowerment and prevention, the program is helping seniors improve their quality of life. The main topic areas covered by the program include: wise use of medication, healthy eating, stress management, physical activity, and healthy choices. All sessions are free-of-charge and delivered by trained volunteers, part-time trainers and resource persons. To date over 74,000 New Brunswick seniors have been exposed to the program, 2,400 workshops have been delivered and 970 communities visited. Other activities started by part-time trainers and volunteers include; Community Advisory Committees, social activities, walking clubs, care facility tours, and health fairs.	None given
Injury Prevention in Seniors	Heather Oakley, *Saint John Regional Hospital* New Brunswick (Saint John)	Production of education material for seniors. Our Injury Prevention Expo is a week-long event held twice a year. It includes both seminars and workshops on safety for seniors. The last day of the week, we have a "Fair" where over 35 exhibitors are available to interact/provide info for seniors.	Under development: evaluation plan includes gathering statistics from the Trauma Registry over the next 5 years
Watch Your Step "Parachute"	Tamra Farrow, *Community Health Promotion Network Atlantic* New Brunswick	Solicit partnerships of health professionals, CMHC, community leaders, senior's organizations. Legion members to promote awareness. Deliver presentations to groups on falls prevention. Provide general info, home checklist, self-assessment for risk of falling, tips to prevent trips, slips and falls, and resource list.	None given
Falls Prevention Services – Specialty Rehab Program	Linda Doody, *Dept. of Health and Community Services* Newfoundland	The program provides individual training and education for clients and caregivers. It runs twice a week for six weeks and each session lasts 2-3 hours, providing comprehensive assessment, treatment and education with supplemental home exercise program. Information and equipment to promote safety and independence addressed. Clients are seen at each session by the physiotherapist and occupational therapist.	None given
Pro Hip Protectors	Dr. Barry Clarke, *LTC Veteran's Memorial Building* Nova Scotia (Halifax)	The Pro-Hip model hip protector appears to be associated with improved compliance with wear schedules. Findings provided and recommendations for additional design modifications aimed at further enhancement of compliance are made.	None given

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Appendix A

Inventory Cover Letter

From: Drs. Victoria Scott, Elaine Gallagher, Steven Dukeshire and Andria Scanlan

Re: Older Adults Fall Prevention Inventory

Date: October 18, 2000

Dear AIMNet Steering Committee Members:

Our apologies if this has arrived to you previously from another source, and if this is the case please ignore the following.

Our research team is currently conducting a project for the Federal/Provincial/Territorial Offices for Seniors that has as its goal the development of a Best Practices Guide for fall prevention among community-based seniors. Part of our mandate for this project is to assemble an inventory of Canadian programs designed to reduce falls and/or falls-related injuries among seniors at home or within the community. We are interested in all types of community-based programs including, but not limited to, individual and group programs; community organization efforts; policy, regulation, or legislative changes; and environment, product, or equipment modifications. Please note that, although extremely important, fall prevention programs targeted only toward individuals living in an institutional setting will not be included in this particular inventory. **To be eligible to be included in this inventory, programs must have as their primary purpose the prevention of falls or fall-related injuries among community-dwelling, older adults in Canada.**

If you are currently involved in a Canadian fall prevention program for seniors, would you please fill out the Data Collection Inventory form attached and e-mail, fax or mail it to us prior to November 15, 2000. If you offer more that one program please fill out a separate form for each program. In addition, if you know anyone else who is involved in a community-based fall prevention program for seniors, it would be greatly appreciated if you could pass this information on to them, or send us their name, e-mail/phone number so that we may contact them. For those who are receiving this document via e-mail, the attached Data Collection Inventory form is in a 'Rich Text Format' that should be able to be opened in Word or WordPerfect. If you have any difficulties opening this document please let us know what format works best for you and we will try to meet your needs.

Thank-you for your time in this matter.

Sincerely,

Victoria J. Scott, RN. PhD
Steven Dukeshire, PhD
Elaine M. Gallagher, RN, PhD
Andria Scanlan, PhD

Contact Information: Dr. Victoria Scott: e-mail: vscott@uvic.ca; Telephone: (250) 721-7959; Fax: (250) 721-6499

Appendix B

Data Collection Form

Data Collection Form for the Canadian Falls Prevention Program Inventory

Please complete by Nov. 15, 2000 and return to: Dr. Victoria Scott, Adult Injury Management Network

e-mail: vscott@uvic.ca OR Fax: (250) 721-6499

To complete this form as an e-mail attachment, first save it as a Word or WordPerfect document, and after completing the form and closing the document, return it as a new attachment to your return e-mail.

Information Requested	**Please provide your responses in this column**
Name of Program:	
Name, address, telephone number, e-mail of contact person(s):	
Name and address of organization offering this program:	
Funding source(s):	
Funding duration:	
Is the program being offered nationally, provincially or locally?	
Please specify location(s) (e.g. town, city, region, province):	
Target population ages:	
Approximate number of people served per year:	
Program goals:	
Risk factors targeted:	

Program description (**maximum 150 words** – if necessary, additional information may be attached):

Program evaluation (**maximum 150 words**, including main findings): *OR:* ❒ no evaluation conducted.

If possible, would you please mail a copy of your program and/or evaluation report to: Dr. Victoria Scott, AIMNet, Centre on Aging, University of Victoria, P.O. Box 1700, Victoria, B.C., V8W 2Y2

Thank you for contributing to the Canadian fall prevention program inventory. We are recommending to Health Canada that all participating organizations receive a copy of the final inventory and the ' A Guide for the Best Practices in Fall Prevention'.